NanoScope™ Operative Arthroscopy System

2019 Coding and Reimbursement Considerations for Healthcare Providers

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the NanoScope system, 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:

The Arthrex NanoScope system is intended to be used as an endoscopic video camera in a variety of endoscopic surgical procedures, including but not limited to: orthopedic, laparoscopic, urologic, sinuscopic, and plastic surgical procedures. The device is also intended to be used as an accessory for microscopic surgery. (K190645, July 5, 2019)

VALUE ANALYSIS SIGNIFICANCE:

The NanoScope imaging system is the first medical-grade, 3-in-1, chip-on-tip disposable camera system. It provides the latest technology in 1 mm image sensors, LED lighting, image management, digital documentation, and OR integration with an intuitive tablet control unit. Busy surgeons immediately note the clinical efficacy of the NanoScope system, while facility administrators readily document the operational efficiencies achieved by performing common endoscopic procedures with a disposable camera system and minimally invasive instruments in a lower cost ambulatory site-of-service.

CODING CONSIDERATIONS:

Codes provide a uniform language for describing services performed by healthcare 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 healthcare provider to correctly prepare claims submitted to insurance carriers.

PHYSICIAN'S PROFESSIONAL FEE

The primary endoscopic procedure determined by the surgeon may include:

CPT[1]	Description	Work RVUs	Total RVUs	CMS National Average $
Endoscopy/Arthroscopy				
29805	**Shoulder arthroscopy, diagnostic**	6.03	13.57	$489.05
29819	removal of loose body or foreign body	7.79	16.88	$608.34
29820	synovectomy, partial	7.21	15.35	$553.20
29821	synovectomy, complete	7.89	16.84	$606.90
29822	debridement, limited	7.60	16.35	$589.24
29823	debridement, extensive	8.36	17.78	$640.78
29828	biceps tenodesis	13.16	26.15	$942.42

[1] CPT is the registered trademark of the American Medical Association. Healthcare providers and their professional coders must closely review this primary citation along with the patient's medical record before selecting the appropriate code.

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CPT	Description	Work RVUs	Total RVUs	CMS National Average $
Endoscopy/Arthroscopy				
29830	**Elbow arthroscopy, diagnostic**	5.88	13.08	$471.39
29834	removal of loose body or foreign body	6.42	13.97	$503.47
29835	synovectomy, partial	6.62	14.48	$521.85
29836	synovectomy, complete	7.72	16.45	$592.84
29837	debridement, limited	7.01	15.09	$543.83
29838	debridement, extensive	7.88	16.93	$610.14
29840	**Wrist arthroscopy, diagnostic**	5.68	12.94	$466.35
29843	for infection, lavage and drainage	6.15	13.90	$500.94
29844	synovectomy, partial	6.51	14.28	$514.64
29845	synovectomy, complete	7.69	16.60	$598.25
29846	excision and/or repair of triangular fibrocartilage and/or joint debridement	6.89	14.97	$539.51
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	6.39	14.71	$530.14
29870	**Knee arthroscopy, diagnostic, with or without synovial biopsy**	5.19	11.77	$424.18
29873	with lateral release	6.24	15.14	$545.63
29874	removal of loose body or foreign body	7.19	15.44	$556.44
29875	synovectomy, limited	6.24	14.26	$513.92
29877	debridement/shaving of articular cartilage (chondroplasty)	8.30	17.89	$644.74
29880	with meniscectomy (medial AND lateral, includes meniscal shaving), includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	7.39	16.16	$582.39
29881	with meniscectomy (medial OR lateral, includes meniscal shaving), includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	7.03	15.57	$561.13
29882	with meniscus repair (medial OR lateral)	9.60	20.10	$724.39
29883	with meniscus repair (medical AND lateral)	11.77	24.37	$878.27
29884	with lysis of adhesions, with or without manipulation (separate procedure)	8.28	17.65	$636.09
Foot and Ankle Arthroscopy				
29893	endoscopic plantar fasciotomy	6.32	12.33	$444.36
29894	arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical, with removal of loose body or foreign body	7.35	14.21	$512.12
29897	debridement, limited	7.32	14.48	$521.85
29898	debridement, extensive	8.49	16.18	$583.11
29900	arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	5.88	14.32	$516.08
29901	arthroscopy, metacarpophalangeal joint, surgical, with debridement	6.69	15.30	$551.40
29904	arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	8.65	18.18	$655.19
29905	with synovectomy	9.18	14.92	$537.70
29906	with debridement	9.65	19.50	$702.76
29999	**Unlisted procedure, arthroscopy**	0.00	0.00	$0.00

Source: AMA “CPT 2019” and CMS PFS 2019 final rule

HOSPITAL OUTPATIENT TECHNICAL COMPONENT

The primary surgical procedure performed by the surgeon determines Medicare's clinically relevant Ambulatory Payment Classification (APC). For facility administrator's awareness, the NanoScope system is a single-use, sterile, medical-surgical, disposable supply item. Common procedures completed in a facility's outpatient department may include, but are not limited to:

CPT	Description	APC #	Relative Weight	Payment Rate
29805	**Shoulder arthroscopy, diagnostic**	5113	33.0022	$2,623.34
29819	removal of loose body or foreign body	5113	33.0022	$2,623.34
29820	synovectomy, partial	5114	71.7020	$5,699.59
29821	synovectomy, complete	5113	33.0022	$2,623.34
29822	debridement, limited	5113	33.0022	$2,623.34
29823	debridement, extensive	5113	33.0022	$2,623.34
29828	biceps tenodesis	5114	71.7020	$2,623.34
29830	**Elbow arthroscopy, diagnostic**	5113	33.0022	$2,623.34
29834	removal of loose body or foreign body	5113	33.0022	$2,623.34
29835	synovectomy, partial	5113	33.0022	$2,623.34
29836	synovectomy, complete	5114	71.7020	$5,699.59
29837	debridement, limited	5113	33.0022	$2,623.34
29838	debridement, extensive	5113	33.0022	$2,623.34
29840	**Wrist arthroscopy, diagnostic**	5113	33.0022	$2,623.34
29843	for infection, lavage and drainage	5113	33.0022	$2,623.34
29844	synovectomy, partial	5113	33.0022	$2,623.34
29845	synovectomy, complete	5113	33.0022	$2,623.34
29846	excision and/or repair of triangular fibrocartilage and/or joint debridement	5113	33.0022	$2,623.34
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	5112	16.5221	$1,313.34
29870	Knee arthroscopy, diagnostic, with or without synovial biopsy	5113	33.0022	$2,623.34
29873	with lateral release	5113	33.0022	$2,623.34
29874	removal of loose body or foreign body	5113	33.0022	$2,623.34
29875	synovectomy, limited	5113	33.0022	$2,623.34
29877	debridement/shaving of articular cartilage (chondroplasty)	5113	33.0022	$2,623.34
29880	with meniscectomy (medial AND lateral, includes meniscal shaving), includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	5113	33.0022	$2,623.34
29881	with meniscectomy (medial OR lateral, includes meniscal shaving), includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	5113	33.0022	$2,623.34
29882	with meniscus repair (medial OR lateral)	5113	33.0022	$2,623.34
29883	with meniscus repair (medical AND lateral)	5113	33.0022	$2,623.34
Foot and Ankle Arthroscopy				
29893	Endoscopic plantar fasciotomy	5113	33.0022	$2,623.34
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical, with removal of loose body or foreign body	5113	33.0022	$2,623.34

CPT	Description	APC #	Relative Weight	Payment Rate
29897	debridement, limited	5113	33.0022	$2,623.34
29898	debridement, extensive	5113	33.0022	$2,623.34
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	5113	33.0022	$2,623.34
29901	Arthroscopy, metacarpophalangeal joint, surgical, with debridement	5113	33.0022	$2,623.34
29904	Arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	5113	33.0022	$2,623.34
29905	with synovectomy	5113	33.0022	$2,623.34
29906	with debridement	5113	33.0022	$2,623.34
29999	**Unlisted procedure, arthroscopy**	5111	2.8317	$225.09

Source: CMS 2019 HOPPS final rule @ www.cms.gov

AMBULATORY SURGERY CENTER

The following arthroscopic procedures appear in Medicare's 2019 ASC approved services list:

CPT	Description	Final 2019 Payment Weight	Final 2019 Payment Rate
29805	**Shoulder arthroscopy, diagnostic**	26.9847	$1,256.16
29819	removal of loose body or foreign body	26.9847	$1,256.16
29820	synovactomy, partial	58.9234	$2,742.94
29821	synovectomy, complete	26.9847	$1,256.16
29822	debridement, limited	26.9847	$1,256.16
29823	debridement, extensive	26.9847	$1,256.16
29828	bicep tenodesis	58.9234	$2,742.94
29830	**Elbow arthroscopy, diagnostic**	26.9847	$1,256.16
29834	removal of loose body or foreign body	26.9847	$1,256.16
29835	synovectomy, partial	26.9847	$1,256.16
29836	synovectomy, complete	58.9234	$2,742.94
29837	debridement, limited	26.9847	$1,256.16
29838	debridement, extensive	26.9847	$1,256.16
29840	**Wrist arthroscopy, diagnostic**	26.9847	$1,256.16
29843	for infection, lavage and drainage	26.9847	$1,256.16
29844	synovectomy, partial	26.9847	$1,256.16
29845	synovectomy, complete	26.9847	$1,256.16
29846	excision and/or repair of triangular fibrocartilage and/or joint debridement	26.9847	$1,256.16
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	15.1386	$704.72
29870	**Knee arthroscopy, diagnostic, with or without synovial biopsy**	26.9847	$1,256.16
29873	with lateral release	26.9847	$1,256.16
29874	removal of loose body or foreign body	26.9847	$1,256.16

CPT	Description	Final 2019 Payment Weight	Final 2019 Payment Rate
29875	synovectomy, limited	26.9847	$1,256.16
29877	debridement/shaving of articular cartilage (chondroplasty)	26.9847	$1,256.16
29880	with meniscectomy (medial AND lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	26.9847	$1,256.16
29881	with meniscectomy (medial OR lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	26.9847	$1,256.16
29882	with meniscus repair (medial OR lateral)	26.9847	$1,256.16
29883	with meniscus repair (medical AND lateral)	26.9847	$1,256.16
Foot and Ankle Arthroscopy			
29893	Endoscopic plantar fasciotomy	26.9847	$1,256.16
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical, with removal of loose body or foreign body	26.9847	$1,256.16
29897	debridement, limited	26.9847	$1,256.16
29898	debridement, extensive	26.9847	$1,256.16
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	26.9847	$1,256.16
29901	Arthroscopy, metacarpophalangeal joint, surgical, with debridement	26.9847	$1,256.16
29904	Arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	26.9847	$1,256.16
29905	with synovectomy	26.9847	$1,256.16
29906	with debridement	26.9847	$1,256.16

Source: CMS 2019 ASC final rule @ www.cms.gov

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.

The information provided is for the benefit of Arthrex customers and offers general coding and payment information for commonly performed endoscopic procedures consistent with the Arthrex NanoScope system FDA 510(k) premarket notification. Payment methods for these technologies will vary by payer and site of service. Payer policies, and the laws and regulations that guide them are complex and change frequently. Ultimately, the provider of a service is responsible for decisions regarding coding, coverage and reimbursement matters.