BicepsButton™ Implant and Pec Button

2025 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions about arthroscopic procedures completed with BicepsButton implant and pec button, 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 BicepsButton implant (K062747, K123341, and K190288), Proximal BicepsButton implant (K123341), FiberTak® button (K191426), pec repair button (K123341), and Large Pec Button (K123341) are used for fixation of bone to bone or soft tissue to bone, and are intended as fixation posts, distribution bridges, or for distributing suture tension over areas of ligament or tendon repair in the shoulder and elbow. Procedures include, but are not limited to pectoralis repair (minor/major), biceps tendon repair and reattachment (distal/proximal), acromioclavicular repair, and ulnar collateral ligament reconstruction.

The FiberTak biceps implant (K181769) is used for fixation of soft tissue to bone in the shoulder and elbow. Procedures include, but are not limited to: biceps tendon repair and reattachment (distal/proximal), acromioclavicular repair, and ulnar or radial collateral ligament reconstruction.

Value Analysis Significance

The Arthrex pec buttons have an angled face on each end of the device to promote a toggle effect when the button contacts the opposite cortex. Because of this, the pec buttons are ideally suited for repairing ruptures of the pectoralis major tendon back to bone.

Biceps tenodesis using a titanium BicepsButton implant or an all-suture FiberTak button and the tension-slide technique allows the surgeon to reliably tension and repair the long head of the biceps using either a bicortical or unicortical repair. The Arthrex FiberTak biceps implant delivers an all-suture anchor optimized for use in open tissue-fixation procedures, particularly subpectoral biceps tenodesis.

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.

Physician's Professional Fee

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

2025 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		**Physician**[b,c]		**Hospital Outpatient**[d]		**ASC**[e]
		Medicare National Average				
CPT®[a] Code HCPCS Code	Code Description	Facility Setting (HOPD and ASC)	Non-Facility Setting (Office)	APC and APC Description	Medicare National Average	Medicare National Average
Shoulder						
23430	Tenodesis of long tendon of biceps	$737.18	N/A	5114 - Level 4 Musculoskeletal (MSK) Procedures	$7143.73	$4603.05
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	$745.91	N/A	5114 - Level 4 MSK Procedures	$7143.73	$3510.84

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[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] AMA CPT 2025 and CMS PFS 2025 Final Rule

[c] CMS Conversion Factor (CF) effective January 1, 2025: $32.3465

[d] CMS 2025 OPPS Final Rule @ www.cms.gov

[e] CMS 2025 ASC Final Rule @ www.cms.gov

HCPCS Code	Code Description	Notes
C1713	**Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)** 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).	For Medicare, anchors/screws/joint devices are not separately reimbursed in any setting of care (eg, hospital, ASC). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc).
L8699	**Prosthetic implant, no otherwise specified** This code reports prosthetic implants that are not otherwise described in more specific HCPCS Level II codes.	For non-Medicare (eg, commercial) patients, depending on contractual terms and general stipulations of the payer, direct invoicing by the facility may be allowed. Contact the patient's insurance company or refer to the facility's payer contract for more information.
A4649	**Surgical supplies; miscellaneous** This code reports miscellaneous surgical supplies and should only be reported if a more specific HCPCS Level II or CPT code is not available.	
List of Pass-Through Payment Device Category Codes (Updated September 2022) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough_payment		

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 arthrexRSP@arthrex.com.