GraftNet™ Autologous Tissue Collector

2024 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions regarding graft placement procedures completed with the products in this guide, the following information is shared for educational and strategic planning purposes only. It is the sole responsibility of the treating health care professional to diagnose and treat the patient, and to and confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to ensure claims are accurate, complete, and supported by documentation in the patient's medical record. Any determination regarding if and how to seek reimbursement should be made only by the appropriate members of the staff, in consultation with the physician, and in consideration of the procedure performed or therapy provided to a specific patient. Arthrex does not recommend or endorse the use of any particular diagnosis or procedure code(s) and makes no determination if or how reimbursement may be available. Of important note, reimbursement codes and payment, as well as health policy and legislation are subject to continual change.

FDA Regulatory Clearance

The GraftNet device is intended to be used as a tissue collector in a variety of surgical procedures, including but not limited to the collection of autologous bone, cartilage, and soft tissue. The device and the collected tissue may be used for biopsy or grafting procedures.

Value Analysis Significance

The GraftNet device is a single-use, in-line, suction-activated filter available in the sterile field for collection of biopsy or grafting procedures. The autologous tissue collected using the GraftNet device is contained in a sterile housing and is readily available can be easily withdrawn from the collection chamber using an innovative plunger. The device is assembled with universal adaptors to be easily added to any surgical procedure in which suction is utilized to withdraw fluids and tissue debris, making access to autologous tissue as simple as Resect and Collect™.

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 arthroscopic procedure determined by the surgeon may include:

2024 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		**Physician**[b,e]		**Hospital Outpatient**[c]		**ASC**[d]
		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						
29805	Shoulder arthroscopy, diagnostic	$474.68	N/A	5113 - Level 3 Musculoskeletal (MSK) Procedures	$3087.24	$1518.96
29819	Removal of loose body or foreign body	$594.85	N/A	5113 - Level 3 MSK Procedures	$3087.24	$1518.96
29820	Synovectomy, partial	$540.26	N/A	5114 - Level 4 MSK Procedures	$6823.42	$3393.01
29821	Synovectomy, complete	$600.17	N/A	5113 - Level 3 MSK Procedures	$3087.24	$1518.96
29822	Debridement, limited	$549.24	N/A	5113 - Level 3 MSK Procedures	$3087.24	$1518.96

29823	Debridement, extensive	$600.51	N/A	5113 - Level 3 MSK Procedures	$3087.24	$1518.96
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	$1073.85	N/A	5114 - Level 4 MSK Procedures	$6823.42	$3393.01
Elbow						
29830	Elbow arthroscopy, diagnostic	$463.69	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29834	Removal of loose body or foreign body	$498.98	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29835	Synovectomy, partial	$517.95	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29836	Synovectomy, complete	$592.52	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29837	Debridement, limited	$532.60	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29838	Debridement, extensive	$603.50	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
Wrist						
29840	Wrist arthroscopy, diagnostic	$458.37	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29843	For infection, lavage, and drainage	$495.65	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29844	Synovectomy, partial	$506.97	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29845	Synovectomy, complete	$595.18	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
Hand						
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	$514.96	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29901	Arthroscopy, metacarpophalangeal joint, surgical, with debridement	$551.24	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
Hip						
29860	Hip arthroscopy, diagnostic	$663.09	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29861	Removal of loose body or foreign body	$721.01	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29862	With debridement/shaving of articular cartilage (chrondroplasty), abrasion arthroplasty, and/or resection of labrum	$823.20	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29863	With synovectomy	$822.53	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29914	With femoroplasty (ie, treatment of cam lesion)	$997.96	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29915	With acetabuloplasty (ie, treatment of pincer lesion)	$1022.92	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29916	With labral repair	$1018.60	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01

Knee						
29870	Arthroscopy, knee, diagnostic with or without synovial biopsy	$417.43	$559.23	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29871	For infection, lavage, and drainage	$523.28	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29874	Removal of loose body or foreign body	$545.92	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29875	Synovectomy, limited	$504.31	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29876	Synovectomy, major, 2 or more compartments (eg medial or lateral)	$660.76	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29877	Debridement/shaving of articular cartilage (chrondoplasty)	$628.80	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29879	Abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	$669.74	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29880	With meniscectomy (medial AND lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage	$569.88	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29881	With meniscectomy (medial OR lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	$549.24	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29885	Drilling for osteochrondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	$765.61	N/A	5114 – Level 4 MSK Procedures	$6823.42	$4358.19
29886	Drilling for intact osteochondritis dissecans lesion	$645.78	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29887	Drilling of intact osteochrondritis dissecans lesion with internal fixation	$762.95	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	$979.32	N/A	5114 – Level 4 MSK Procedures	$6823.42	$4499.61
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	$1232.97	N/A	5115 – Level 5 MSK Procedures	$12,552.87	$8190.60

Foot and Ankle						
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	$680.40	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	$646.11	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical, with removal of loose body or foreign body	$509.30	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29895	Synovectomy, partial	$467.02	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29897	Debridement, limited	$499.98	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29898	Debridement, extensive	$564.56	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29899	With ankle arthrodesis	$1009.28	N/A	5114 – Level 4 MSK Procedures	$6823.42	$4501.03
29904	Arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	$648.11	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29905	With synovectomy	$516.62	N/A	5114 – Level 4 MSK Procedures	$6823.42	$3393.01
29906	With debridement	$658.76	N/A	5113 – Level 3 MSK Procedures	$3087.24	$1518.96
29907	With subtalar arthrodesis	$885.78	N/A	5115 – Level 5 MSK Procedures	$12,552.87	$8601.11
29999	Unlisted procedure, arthroscopy	Contractor priced		5111 – Level 1 MSK Procedures	$224.92	N/A

[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 2024 and CMS PFS 2024 Final Rule

[c] CMS 2024 OPPS Final Rule @ www.cms.gov

[d] CMS 2024 ASC Final Rule @ www.cms.gov

[e] CMS Conversion Factor (CF) effective March 9, 2024: $33.2875

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.

The content provided in this guide is for informational purposes only. The Arthrex Coding Helpline does not guarantee reimbursement by third-party payers.

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