# AutoCart™ Procedure Using GraftNet™ Autologous Tissue Collector and BioCartilage® Extracellular Matrix

2024 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions about arthroscopic procedures for treatment of articular cartilage defects, 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.

### Value Analysis Significance

The AutoCart surgical technique is for the treatment of symptomatic articular cartilage defects. This surgical approach is a single-stage, matrix-augmented, autologous chondrocyte transplantation that combines articular cartilage collected using the GraftNet device with BioCartilage extracellular matrix. The ability to augment microfracture procedures with a low-cost, high-value approach that is minimally invasive and supported by clinical evidence makes the AutoCart procedure an important technique for surgeons to include in their joint preservation algorithm.

### 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:

| **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 | $6614.63 | $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 |
| **0232T** | Injection(s), platelet-rich plasma, any site, including image guidance, harvesting and preparation when performed | Contractor priced | | 5735 – Level 5 Minor Procedures | $380.02 | N/A |



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|---|---|---|---|---|---|---|
| **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 |
| **0232T** | Injection(s), platelet-rich plasma, any site, including, image guidance, harvesting and preparation when performed | Contractor priced | | 5735 – Level 5 Minor Procedures | $380.02 | N/A |
| **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) | $991.96 | 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 |



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| Knee | | | | | | |
|---|---|---|---|---|---|---|
| **27415** | Osteochondral allograft, knee open | $1378.10 | N/A | 5115 – Level 5 MSK Procedures | $12,552.87 | $9585.12 |
| **29867** | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | $1285.56 | N/A | 5115 – Level 5 MSK Procedures | $12,552.87 | $9719.77 |
| **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 | $8601.11 |
| **0232T** | Injection(s), platelet-rich plasma, any site (including image guidance, harvesting, and preparation, when performed) | Contractor priced | | 5735 – Level 5 Minor Procedures | $380.02 | N/A |



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2024 Coding and Reimbursement Guidelines

| 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 |
| **0232T** | Injection(s), platelet-rich plasma, any site, including image guidance, harvesting and preparation when performed | Contractor priced | | 5735 – Level 5 Minor Procedures | $380.02 | 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



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| HCPCS Code | Code Description | Notes |
|---|---|---|
| **C1762** | **Connective tissue, human**<br>These tissues include a natural, cellular collagen, or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia lata, or decellularized dermal tissue. They are intended to repair or support damaged or inadequate soft tissue. | 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**<br>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. |
| 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.

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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