CuffMend™ Rotator Cuff Repair Augmentation System

2025 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the CuffMend 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.

Value Analysis Significance

CuffMend rotator cuff repair augmentation provides a straightforward approach for augmenting partial- and full-thickness rotator cuff tears using a decellularized dermal allograft to provide mechanical strength[1] and added biology to the repair construct. The system includes a graft spreader for introducing the ArthroFlex decellularized dermal allograft and FiberStitch™ RC implants for medial soft-tissue fixation to the rotator cuff tendon. Lateral bony fixation is accomplished with PushLock® anchors spanning the graft over the footprint. The scientific literature supports the use of a decellularized dermal allograft as an option for augmentation in rotator cuff repair.[2,3] This has led to significant clinical interest, particularly for challenging repairs such as revisions or when retears are a concern due to suboptimal tendon quality.

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. Please note that the CuffMend system does not have its own CPT®[a] code.

Physician's Professional Fee

The primary 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						
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	$1050.29	N/A	5114 - Level 4 Musculoskeletal (MSK) Procedures	$7143.73	$3510.84
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	$810.93	N/A	5114 - Level 4 MSK Procedures	$7143.73	$3510.84
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	$842.63	N/A	5114 - Level 4 MSK Procedures	$7143.73	$3510.84
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	$964.25	N/A	5114 - Level 4 MSK Procedures	$7143.73	$3510.84

[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 @ HYPERLINK "http://www.cms.gov"www.cms.gov

[e] CMS 2025 ASC Final Rule @ HYPERLINK "http://www.cms.gov"www.cms.gov

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ICD 10 CODE	Description
M12.511	Traumatic arthropathy, right shoulder
M12.512	Traumatic arthropathy, left shoulder
M12.519	Traumatic arthropathy, unspecified shoulder
M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M19.011	Primary osteoarthritis, right shoulder
M19.012	Primary osteoarthritis, left shoulder
M19.019	Primary osteoarthritis, unspecified shoulder
M19.111	Post-traumatic osteoarthritis, right shoulder
M19.112	Post-traumatic osteoarthritis, left shoulder
M19.119	Post-traumatic osteoarthritis, unspecified shoulder
M19.211	Secondary osteoarthritis, right shoulder
M19.212	Secondary osteoarthritis, left shoulder
M19.219	Secondary osteoarthritis, unspecified shoulder
M19.90	Unspecified osteoarthritis, unspecified site
M19.91	Primary osteoarthritis, unspecified site
M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.101	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.102	Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.111	Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.112	Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.122	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.50	Bursitis of unspecified shoulder
M75.51	Bursitis of right shoulder
M75.52	Bursitis of left shoulder
S43.421A	Sprain of right rotator cuff capsule, initial encounter
S43.422A	Sprain of left rotator cuff capsule, initial encounter
S43.429A	Sprain of unspecified rotator cuff capsule, initial encounter

ICD 10 CODE	Description
S46.001A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.002A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.009A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
S46.011A	Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.012A	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.019A	Strain of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
S46.021A	Laceration of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.022A	Laceration of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.029A	Laceration of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
S46.091A	Other injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.092A	Other injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.099A	Other injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter

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HCPCS Code	Code Description	Notes
C1762	**Connective tissue, human** 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).
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).	
Q4125	**ArthroFLEX® dermal allograft** ArthroFlex dermal allograft, per sq centimeter	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.
L8699	**Prosthetic implant, no otherwise specified** This code reports prosthetic implants that are not otherwise described in more specific HCPCS Level II codes.	
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.

References

1. Ely EE, Figueroa NM, Gilot GJ. Biomechanical analysis of rotator cuff repairs with extracellular matrix graft augmentation. *Orthopedics*. 2014;37(9):608-614. doi:10.3928/01477447-20140825-05
2. Smith MJ, Bozynski cc, Kuroki K, Cook CR, Stoker AM, Cook JL. Comparison of biologic scaffolds for augmentation of partial rotator cuff tears in a canine model. *J Shoulder Elbow Surg*. 2020;29(8):1573-1583. doi:10.1016/j.jse.2019.11.028
3. Gilot GJ, Alvarez-Pinzon AM, Barcksdale L, Westerdahl D, Krill M, Peck E. Outcome of large to massive rotator cuff tears repaired with and without extracellular matrix augmentation: a prospective comparative study. *Arthroscopy*. 2015;31(8):1459-1465. doi:10.1016/j.arthro.2015.02.032