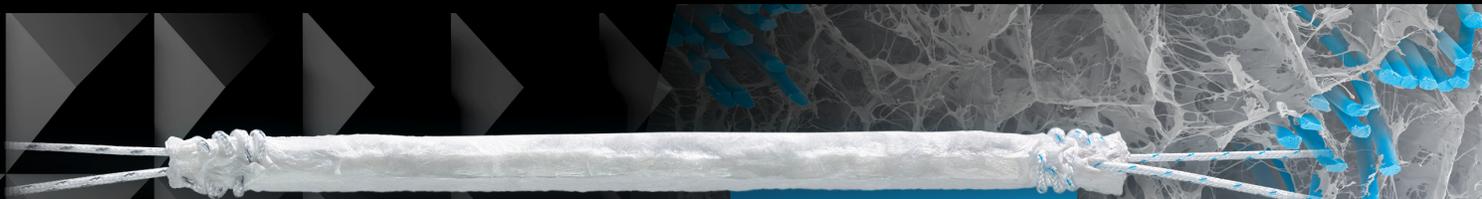




Coding & Reimbursement Guide

BioBrace[®]

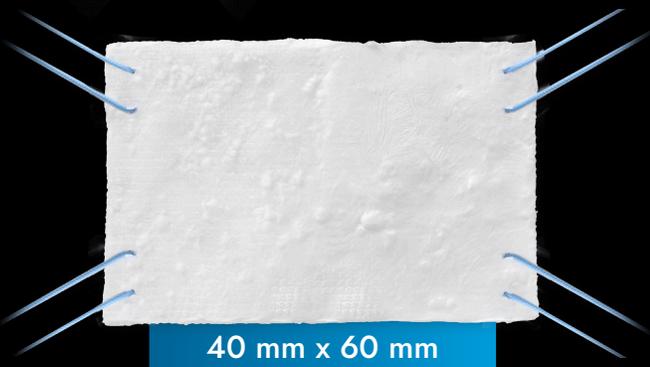
Reinforced BioInductive Implant



5 mm x 250 mm



23 mm x 30 mm



40 mm x 60 mm

To learn more, call
1-866-4CONMED (Toll Free)
or visit www.CONMED.com.



Imagine what we could do together.

Introduction

This Reimbursement Guide has been prepared to assist physicians and facilities (“providers”) in the accurate billing for the BioBrace® BioInductive Reinforced Implant. The information contained in this guide details CONMED’s general understanding of the application of certain codes to CONMED products. It is the provider’s responsibility to determine and submit appropriate codes, charges, and modifiers for the products and services rendered. Payers may have additional or different coding and reimbursement requirements. Therefore, before filing any claim, providers should verify these requirements in writing with local payors.

Physician Coding and Payment

When physicians bill for services performed, payors require the physician to assign a Current Procedural Terminology (or CPT) code to classify or identify the procedure performed. These CPT codes are created and maintained by the American Medical Association (AMA) and are reviewed and revised on an annual basis. The most commonly used CPT codes are referred to as Category I codes and are five-digit codes accompanied by narrative descriptions.

The AMA assigns a number of relative value units (or RVUs) to most CPT codes to represent the physician work, malpractice costs, and practice expenses associated with a given procedure or service. Medicare annually revises a dollar conversion factor that, when multiplied by the code’s RVUs, results in the national Medicare reimbursement for that procedure. Most private payors also consider a code’s RVUs when establishing physician fee schedules.

Rotator Cuff Repair

Procedure Description	CPT CODE
Arthroscopy, shoulder, surgical; with rotator cuff repair	29827
Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; acute	23410
Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; chronic	23412
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	23420

Anterior Cruciate Ligament Reconstruction

Procedure Description	CPT CODE
Arthroscopically aided anterior cruciate ligament repair/ augmentation or reconstruction	29888
Ligamentous reconstruction (augmentation), knee; extra-articular	27427
Ligamentous reconstruction (augmentation), knee; intra-articular (open)	27428
Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	27429

Facility Device and Implant Codes

C-codes report drugs, biologicals, and devices eligible for transitional pass-through payments and for items classified in new technology Ambulatory Payment Classifications (APCs) under the Outpatient Prospective Payment System (OPPS). The following information highlights certain product codes that may or may not be relevant to surgical cases performed using CONMED products:

Master HCPCS Supply Listing

Procedure Description	HCPCS CODE
Surgical supply, miscellaneous	A4649
Noncovered item or service	A9270
Connective tissue, non-human (includes synthetic)	C1763
Implantable/insertable device for device intensive procedure, not otherwise classified	C1889
Prosthetic implant, not otherwise specified	L8699

For more information contact: CONMEDReimbursement@jdlaccess.com



For more information contact your local sales representative or visit www.CONMED.com/BioBrace.

