TORNIER

PITON™ and INSITE™ FT

Suture Anchor for Soft Tissue Fixation

REIMBURSEMENT & CODING
REFERENCE GUIDE
FOR PHYSICIANS AND HOSPITALS

This **Reimbursement & Coding Reference Guide** is intended to illustrate some commonly billed codes for soft tissue repair utilizing the PITON™ Knotless Anchor or the INSITE™ Suture Anchor, with unadjusted outpatient payment rates (APC) and estimated adjusted payment rates for the ASC. Coding for these procedures is challenging due to the complexity, methods of treatment, and the varied reimbursement policies of individual payers. Please consult your payers for specific coding guidance, and feel free to call the Tornier Hotline for additional assistance.

2016

APC and ASC rates valid through the end of 2016.

Physician rates valid through the end of 2016.

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Common **Physician** Codes for PITON™ and INSITE™ for Open Shoulder Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule** (Facility & Non-Facility)	
23120	Claviculectomy; partial	$600.08	N/A
23410	Repair of ruptured muscuotendinous cuff (eg, rotator cuff) open; acute	$846.06	N/A
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	$877.56	N/A
23415	Coracoacromial ligament release, with or without acromioplasty	$716.44	N/A
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	$997.87	N/A
23430	Tenodesis of long tendon of biceps	$767.29	N/A
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	$973.16	N/A
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	$1,029.73	N/A
23460	Capsulorrhaphy, anterior any type; with bone block	$1,124.26	N/A
23462	Capsulorrhaphy, anterior any type; with coracoid process transfer	$1,092.39	N/A
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	$1,146.10	N/A
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	$1,152.18	N/A
24340	Tenodesis of biceps tendon at elbow (separate procedure)	$629.08	N/A
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	$766.93	N/A
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	$797.72	N/A
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	$579.31	N/A
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	$673.12	N/A

** Averages determined based on U.S. National Medicare Average. Individual payments will vary based on Medicare's geographic adjustments.

Contact the Reimbursement Hotline at:
1+877+745+1920 or **reimbursement@wright.com**

Common **Hospital Outpatient APCs** for PITON™ and INSITE™ for Open Shoulder Procedures

CPT* Code	Code Description	APC Assignment	Status Indicator[2]	2016 Medicare APC Rate[3]
23120	Claviculectomy; partial	5122	T	$2,395.59
23410	Repair of ruptured muscuotendinous cuff (eg, rotator cuff) open; acute	5123	J1	$4,969.26
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	5123	J1	$4,969.26
23415	Coracoacromial ligament release, with or without acromioplasty	5122	T	$2,395.59
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	5123	J1	$4,969.26
23430	Tenodesis of long tendon of biceps	5123	J1	$4,969.26
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	5122	T	$2,395.59
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	5123	J1	$4,969.26
23460	Capsulorrhaphy, anterior any type; with bone block	5122	T	$2,395.59
23462	Capsulorrhaphy, anterior any type; with coracoid process transfer	5123	J1	$4,969.26
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	5124	J1	$7,064.07
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	5123	J1	$4,969.26
24340	Tenodesis of biceps tendon at elbow (separate procedure)	5123	J1	$4,969.26
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	5122	T	$2,395.59
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	5122	T	$2,395.59
23550	Open treatment of acromioclavicular dislocation, acute or chronic	5123	J1	$4,969.26
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	5124	J1	$7,064.07

2 Status Indicator "J1" are OPD services paid through a comprehensive APC. Status Indicator "T" means it is a significant procedure, and the multiple surgical reduction rule applies.

3 Individual facility rates will vary.

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Common **Ambulatory Surgery Center (ASC) Payment Rates** for PITON™ and INSITE™ for Open Shoulder Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate[3]
23120	Claviculectomy; partial	$1,339.58
23410	Repair of ruptured muscuotendinous cuff (eg, rotator cuff) open; acute	$2,486.22
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	$2,486.22
23415	Coracoacromial ligament release, with or without acromioplasty	$1,339.58
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	$2,486.22
23430	Tenodesis of long tendon of biceps	$2,486.22
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	$1,339.58
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	$2,486.22
23460	Capsulorrhaphy, anterior any type; with bone block	$1,339.58
23462	Capsulorrhaphy, anterior any type; with coracoid process transfer	$2,486.22
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	$3,532.70
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	$2,486.22
24340	Tenodesis of biceps tendon at elbow (separate procedure)	$2,486.22
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	$1,339.58
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	$1,339.58
23550	Open treatment of acromioclavicular dislocation, acute or chronic	$2,486.22
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	$3,532.70

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Common **Physician Codes** for PITON™ and INSITE™ for Arthroscopic Shoulder Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule** (Facility & Non-Facility)	
29806	Arthroscopy, shoulder, surgical; capsulorraphy,	$1,095.25	N/A
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	$1,068.76	N/A
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	$686.73	N/A
+29826	Arthroscopy, shoulder surgical; decompression of subacrominal space with partial acromioplasty, with coracoacrominal ligament (i.e., arch) release, when performed	$182.24	N/A
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	$1,088.81	N/A
29828	Arthroscopy, shoulder, surgical; bicep tenodesis	$939.50	N/A

Common **Hospital Outpatient APCs** for PITON™ and INSITE™ for Arthroscopic Shoulder Procedures

CPT* Code	Code Description	APC Assignment	Status Indicator[2]	2016 Medicare APC Rate[3]
29806	Arthroscopy, shoulder, surgical; capsulorraphy,	5123	J1	$4,969.26
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	5123	J1	$4,969.26
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	5122	T	$2,395.59
+29826	Arthroscopy, shoulder surgical; decompression of subacrominal space with partial acromioplasty, with coracoacrominal ligament(i.e., arch) release, when performed	N/A	N	N/A
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	5123	J1	$4,969.26
29828	Arthroscopy, shoulder, surgical; bicep tenodesis	5123	J1	$4,969.26

+ Add-on code

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Common **Ambulatory Surgery Center (ASC)** Payment Rates for PITON™ and INSITE™ for Arthroscopic Shoulder Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate[3]
29806	Arthroscopy, shoulder, surgical; capsulorraphy,	$2,486.22
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	$2,486.22
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	$1,339.58
+29826	Arthroscopy, shoulder surgical; decompression of subacrominal space with partial acromioplasty with or without coracoacrominal release when performed	N/A**
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	$2,486.22
29828	Arthroscopy, shoulder, surgical; bicep tenodesis	$2,486.22

Common **Physician Codes** for PITON™ and INSITE™ for Foot and Ankle Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule*** (Facility & Non-Facility)	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	$678.13	N/A
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	$703.91	N/A
27654	Repair, secondary Achilles tendon, with or without graft	$728.62	N/A
27695	Repair, primary disrupted ligament, ankle; collateral	$489.09	N/A
27696	Repair, primary disrupted ligament, ankle; both collateral ligaments	$572.51	N/A
28290	Correction, hallux valgus (bunion) with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	$407.81	$609.03
28292	Correction, hallux valgus (bunion) with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	$619.06	$814.55
28293	Correction, hallus valgus (bunion) with or without sesamoidectomy;resection of joint with implant	$730.77	$1,082.01
28294	Correction, hallus valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	$564.28	$794.14
28296	Correction, hallus valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	$536.35	$736.14
28297	Correction, hallus valgus (bunion) with or without sesamoidectomy; Lapidus-type procedure	$599.72	$838.89
28298	Correction, hallus valgus (bunion) with or without sesamoidectomy; by phalanx osteotomy	$521.31	$745.80
28299	Correction, hallus valgus (bunion) with or without sesamoidectomy; by double osteotomy	$697.47	$925.54

\+ Add-on code

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** Note: ASC Payment Indicator "N1" (Packaged service/item; no separate payment made).

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Common **Hospital Outpatient APCs** for PITON™ and INSITE™ for Foot and Ankle Procedures

CPT* Code	Code Description	APC Assignment	Status Indicator[2]	2016 Medicare APC Rate[3]
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	5122	T	$2,395.59
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	5123	J1	$4,969.26
27654	Repair, secondary Achilles tendon, with or without graft	5123	J1	$4,969.26
27695	Repair, primary disrupted ligament, ankle; collateral	5122	T	$2,395.59
27696	Repair, primary disrupted ligament, ankle; both collateral ligaments	5122	T	$2,395.59
28290	Correction, hallux valgus (bunion) with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	5122	T	$2,395.59
28292	Correction, hallux valgus (bunion) with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	5122	T	$2,395.59
28293	Correction, hallus valgus (bunion) with or without sesamoidectomy; resection of joint with implant	5123	J1	$4,969.26
28294	Correction, hallus valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, joplin type procedure)	5122	T	$2,395.59
28296	Correction, hallus valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	5122	T	$2,395.59
28297	Correction, hallus valgus (bunion) with or without sesamoidectomy; Lapidus-type procedure	5124	J1	$7,064.07
28298	Correction, hallus valgus (bunion) with or without sesamoidectomy; by phalanx osteotomy	5122	T	$2,395.59
28299	Correction, hallus valgus (bunion) with or without sesamoidectomy; by double osteotomy	5122	T	$2,395.59

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Common **Ambulatory Surgery Center (ASC)** Payment Rates for PITON™ and INSITE™ for Foot and Ankle Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate[3]
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	$1,339.58
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	$2,486.22
27654	Repair, secondary Achilles tendon, with or without graft	$2,486.22
27695	Repair, primary disrupted ligament, ankle; collateral	$1,339.58
27696	Repair, primary disrupted ligament, ankle; both collateral ligaments	$1,339.58
28290	Correction, hallux valgus (bunion) with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	$1,339.58
28292	Correction, hallux valgus (bunion) with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	$1,339.58
28293	Correction, hallus valgus (bunion) with or without sesamoidectomy; resection of joint with implant	$2,486.22
28294	Correction, hallus valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, joplin type procedure)	$1,339.58
28296	Correction, hallus valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	$1,339.58
28297	Correction, hallus valgus (bunion) with or without sesamoidectomy;Lapidus-type procedure	$3,532.70
28298	Correction, hallus valgus (bunion) with or without sesamoidectomy; by phalanx osteotomy	$1,339.58
28299	Correction, hallus valgus (bunion) with or without sesamoidectomy; by double osteotomy	$1,339.58

Common **Physician Codes** for PITON™ and INSITE™ for Hand, Wrist and Elbow Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule** (Facility & Non-Facility)	
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair,tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	$1,012.19	N/A
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single each tendon or muscle	$645.55	N/A
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single each tendon or muscle	$500.90	N/A
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint,secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	$911.94	N/A

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Common **Hospital Outpatient APCs** for PITON™ and INSITE™ for Hand, Wrist and Elbow Procedures

CPT* Code	Code Description	APC Assignment	Status Indicator[2]	2016 Medicare APC Rate[3]
25320	Capsulorrhaphy or reconstruction, wrist, open(eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	5122	T	$2,395.59
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single each tendon or muscle	5121	T	$1,455.26
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single each tendon or muscle	5122	T	$2,395.59
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	5122	T	$2,395.59

Common **Ambulatory Surgery Center (ASC)** Payment Rates for PITON™ and INSITE™ for Hand, Wrist and Elbow Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate[3]
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	$1,339.58
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single each tendon or muscle	$813.76
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single each tendon or muscle	$1,339.58
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	$1,339.58

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Common **Physician Codes** for PITON™ and INSITE™ for Knee Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule** (Facility & Non-Facility)	
27380	Suture of infrapatellar tendon; primary	$609.75	N/A
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	$818.84	N/A
27385	Suture of quadriceps or hamstring muscle rupture; primary	$590.05	N/A
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	$852.50	N/A
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	$693.17	N/A
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	$799.51	N/A
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	$981.75	N/A
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	$765.50	N/A
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	$762.99	N/A
27424	Reconstruction of dislocating patella; with patellectomy	$770.15	N/A
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	$732.20	N/A
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	$1,147.53	N/A
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	$1,283.23	N/A

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Common **Hospital Outpatient APCs** for PITON™ and INSITE™ for Knee Procedures

CPT* Code	Code Description	APC Assignment	Status Indicator[2]	2016 Medicare APC Rate[3]
27380	Suture of infrapatellar tendon; primary	5122	T	$2,395.59
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	5123	J1	$4,969.26
27385	Suture of quadriceps or hamstring muscle rupture; primary	5122	T	$2,395.59
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	5123	J1	$4,969.26
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	5122	T	$2,395.59
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate ligaments	5123	J1	$4,969.26
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate	5122	T	$2,395.59
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	5123	J1	$4,969.26
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	5122	T	$2,395.59
27424	Reconstruction of dislocating patella; with patellectomy	5122	T	$2,395.59
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	5123	J1	$4,969.26
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	5124	J1	$7,064.07
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	5124	J1	$7,064.07

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Common **Ambulatory Surgery Center (ASC) Payment Rates** for PITON™ and INSITE™ for Knee Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate[3]
27380	Suture of infrapatellar tendon; primary	$1,339.58
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	$2,486.22
27385	Suture of quadriceps or hamstring muscle rupture; primary	$1,339.58
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	$2,486.22
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	$1,339.58
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate ligaments	$2,486.22
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate	$1,339.58
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	$2,486.22
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	$1,339.58
27424	Reconstruction of dislocating patella; with patellectomy	$1,339.58
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	$2,486.22
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	$3,532.70
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	$3,532.70

Common **Physician Codes** for PITON™ and INSITE™ for Hip Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule** (Facility & Non-Facility)	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)	$1,043.70	N/A
29916	Arthroscopy, hip, surgical; with labral repair	$1,045.13	N/A

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Common **Hospital Outpatient APCs** for PITON™ and INSITE™ for Hip Procedures

CPT* Code	Code Description	APC Assignment	Status Indicator[2]	2016 Medicare APC Rate[3]
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)	5124	J1	$7,064.07
29916	Arthroscopy, hip, surgical; with labral repair	5124	J1	$7,064.07

Common **Ambulatory Surgery Center (ASC) Payment Rates** for PITON™ and INSITE™ for Hip Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate[3]
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)	$3,532.70
29916	Arthroscopy, hip, surgical; with labral repair	$3,532.70

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