SBi

SMALL BONE INNOVATIONS, INC.

REIMBURSEMENT MANAGEMENT CENTER

2011 Product Coding References

SMALL BONE INNOVATIONS, INC.

Product Coding Overview
SBi Product Coding Reference Guide 2011

Table of Contents

SBi
SMALL BONE INNOVATIONS, INC.

RHEAD™ RADIAL HEAD IMPLANT SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	31.04	$1,054.63
24366	Arthroplasty, radial head; with implant	19.86	$674.77
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius; with implant arthroplasty	31.77	$1,080.11

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
24362		$2,322.92
24366		$7,068.23
24587		$2,592.14

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
24362 Reconstruct elbow joint	T	0048	$4,129.58
24366 Reconstruct head of radius	T	0425	$8,596.24
24587 Treat elbow fracture	T	0064	$4,608.20

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
78.63	Removal of implanted device from radius and ulna
81.85	Other repair of elbow

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

RHEAD™ RADIAL HEAD IMPLANT SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
507	Major shoulder or elbow joint procedure with CC/MCC	$10,448.45
508	Major shoulder or elbow joint procedure without CC/MCC	$7,793.20
510	Shoulder, elbow or forearm procedure, except major joint procedure with MCC	$12,119.77
511	Shoulder, elbow or forearm procedure, except major joint procedure with CC	$8,203.07
512	Shoulder, elbow or forearm procedure, except major joint procedure without CC/MCC	$5,841.55
907	Other OR procedures for injuries with MCC	$21,369.31
908	Other OR procedures for injuries with CC	$10,749.99
909	Other OR procedures for injuries without CC/MCC	$6,451.89

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

UNI-ELBOW™ RADIO CAPITELLUM IMPLANT

USED IN CONJUNCTION WITH THE RHEAD™ PROTHESIS

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
24361	Arthroplasty; elbow with distal humeral replacement	29.49	$1,001.96
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	31.04	$1,054.63
24366	Arthroplasty, radial head; with implant	19.86	$674.77
24587	Open treatment of periarticullar fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius; with implant arthroplasty	31.77	$1,080.11

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
24361		$7,068.23
24362		$2,322.92
24366		$7,068.23
24587		$2,592.14

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
24361 Reconstruct elbow joint	T	0425	$8,596.24
24362 Reconstruct elbow joint	T	0048	$4,129.58
24366 Reconstruct head of radius	T	0425	$8596.24
24587 Treat elbow fracture	T	0064	$4608.20

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
81.85	Other repair of elbow
78.62	Removal of implanted device from humerus

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

UNI-ELBOW™ RADIO CAPITELLUM IMPLANT

USED IN CONJUNCTION WITH THE RHEAD™ PROTHESIS

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
507	Major shoulder or elbow joint procedure with CC/MCC	$10,448.45
508	Major shoulder or elbow joint procedure without CC/MCC	$7,793.20
510	Shoulder, elbow or forearm procedure, except major joint procedure with MCC	$12,119.77
511	Shoulder, elbow or forearm procedure, except major joint procedure with CC	$8,203.07
512	Shoulder, elbow or forearm procedure, except major joint procedure without CC/MCC	$5,841.55

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Disclaimer:
This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of March 2, 2011 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. Therefore, health care providers must use great care and validate coding requirements ascribed by payers with whom they work. Small Bone Innovations assumes no responsibility for coding and cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which your submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. Small Bone Innovations does not promote the off-label use of its devices. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers.
03/02/2011mtm

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

RHEAD™ RADIAL HEAD PLATING SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius):	31.85	$1,082.15
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	18.85	$640.46

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
24586		$2,592.14
24665		$1,864.78

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
24586 Open tx periarticular fracture	T	0064	$4,608.20
24665 Open tx radial head or neck fx	T	0063	$3,315.13

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
79.32	Open reduction of fracture with internal fixation, radius and ulna
81.85	Other elbow repair

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
507	Major shoulder or elbow joint procedures with CC/MCC	$8,796.82
508	Major shoulder or elbow joint procedure without CC/MCC	$5,708.76
510	Shoulder, elbow or forearm procedure, except major joint procedure with MCC	$10,218.37

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

MKT 50070 Rev D 3/11

SBi
SMALL BONE INNOVATIONS, INC.

RHEAD™ RADIAL HEAD PLATING SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT CONTINUED

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
511	Shoulder, elbow or forearm procedures, except major joint procedure with CC	$8,203.07
512	Shoulder, elbow or forearm procedures, except major joint procedure without CC/MCC	$5,841.55
907	Other OR procedures for injuries with MCC	$21,369.31
908	Other OR procedures for injuries with CC	$10,749.99
909	Other OR procedures for injuries without CC/MCC	$6,451.89

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

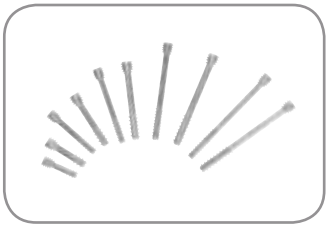
4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

SBi
SMALL BONE INNOVATIONS, INC.



AUTOFIX™ CANNULATED SCREWS

FOR RADIAL HEAD FRACTURES

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	18.85	$640.46
25355	Osteotomy, radius; middle or proximal third	23.26	$790.29

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
24665		$1,864.78
25355		$1,833.38

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
24665 Open treatment radial head frac	T	0063	$3,315.13
25355 Osteotomy, radius middle/prox	T	0051	$3,259.30

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
77.23	Wedge osteotomy, radius and ulna
77.33	Other division of bone, radius and ulna
79.32	Open reduction of fracture with internal fixation, radius and ulna
81.85	Other repair of elbow

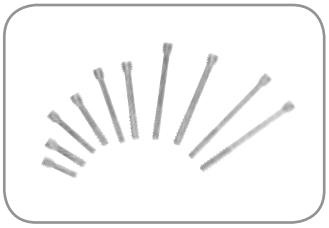
POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
507	Major shoulder or elbow joint procedures with CC/MCC	$8,796.82
508	Major shoulder or elbow joint procedures with CC/MCC	$8,796.82
510	Shoulder, elbow or forearm procedure, except major joint procedures with MCC	$10,218.37

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.



AUTOFIX™ CANNULATED SCREWS

FOR RADIAL HEAD FRACTURES

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT CONTINUED

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
511	Shoulder, elbow or forearm procedure, except major joint procedures with CC	$8,203.07
512	Shoulder, elbow or forearm procedure, except major joint procedures without CC/MCC	$5,841.55
907	Other OR procedures for injuries with MCC	$21,369.31
908	Other OR procedures for injuries with CC	$10,749.99
909	Other OR procedures for injuries without CC/MCC	$6,451.89

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

SBi
SMALL BONE INNOVATIONS, INC.

RE-MOTION™ TOTAL WRIST SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	34.29	$1,165.05
25449	Revision of arthroplasty, including removal of implant, wrist joint	30.53	$1,037.30

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
25446		$7,068.23
25449		$1,522.05

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
25446 Wrist Replacement	T	0425	$8,596.24
25449 Remove wrist joint implant	T	0047	$2,705.83

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
81.73	Total wrist replacement
78.63	Removal of implanted device from radius and ulna

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

RE-MOTION™
TOTAL WRIST SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
483	Major joint and limb reattachment procedures of upper extremity with CC/MCC	$13,412.50
484	Major joint and limb reattachment procedures of upper extremity without CC/MCC	$10,919.19
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/ MCC	$6,014.10
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Disclaimer:
This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of March 2, 2011 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. Therefore, health care providers must use great care and validate coding requirements ascribed by payers with whom they work. Small Bone Innovations assumes no responsibility for coding and cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which your submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. Small Bone Innovations does not promote the off-label use of its devices. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers.
03/02/2011mtm

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

UHEAD™ ULNAR HEAD IMPLANT SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
25442	Arthroplasty with prosthetic replacement; distal ulna	22.97	$780.44
25449	Revision of arthroplasty, including removal of implant, wrist joint	30.53	$1,037.30

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
25442		$7,068.23
25449		$1,522.05

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
25442 Reconstruct wrist joint	T	0425	$8,596.24
25449 Remove wrist joint implant	T	0047	$2,705.83

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
81.79	Other repair of hand, fingers, or wrist
78.63	Removal of implanted device from radius and ulna

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

UHEAD™ ULNAR HEAD IMPLANT SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/ MCC	$6,014.10
506	Major thumb or joint procedures	$6,597.64
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

STABILITY™ SIGMOID NOTCH TOTAL DRUJ SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
25441	Arthroplasty with prosthetic replacement; distal radius	27.03	$918.38
25442	Arthroplasty with prosthetic replacement; distal ulna	22.97	$780.44
25449	Revision of arthroplasty, including removal of implant, wrist joint	30.53	$1,037.30

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
25441		$7,068.23
25442		$7,068.23
25449		$1,522.05

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
25441 Reconstruct wrist joint	T	0425	$8,596.24
25442 Reconstruct wrist joint	T	0425	$8,596.24
25449 Remove wrist implant	T	0047	$2,705.83

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
81.79	Other repair of hand, fingers, and wrist
78.63	Removal of implanted device from radius and ulna

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

STABILITY™ SIGMOID NOTCH TOTAL DRUJ SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
506	Thumb or joint procedures	$6,597.64
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

PRECISE SD™ VOLAR DISTAL RADIUS PLATING SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	21.11	$717.24
25608	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation of 2 fragments	23.72	$805.92
25609	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation of 3 or more fragments	30.15	$1,027.79

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
25607		$2,592.14
25608		$2,592.14
25609		$2,592.14

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
25607 Treat fx rad extra-articul		0064	$4,608.20
25608 Treat fx rad extra-articul		0064	$4,608.20
25609 fx radial 3 frag		0064	$4,608.20

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
77.33	Other division of bone radius and ulna
79.32	Open reduction of fracture with internal fixation radius and ulna
79.52	Open reduction of separated epiphysis radius and ulna

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

PRECISE SD™ VOLAR DISTAL RADIUS PLATING SYSTEM

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
507	Major shoulder or elbow joint procedures with CC/MCC	$10,448.45
508	Major shoulder or elbow joint procedures without CC/MCC	$7,793.20
907	Other OR procedures for injuries with MCC	$21,369.31
908	Other OR procedures for injuries with CC	$10,749.98
909	Other OR procedures for injuries without CC/MCC	$6,451.89
987	Nonextensive OR procedures unrelated to principal diagnosis with MCC	$19,262.42
988	Nonextensive OR procedures unrelated to principal diagnosis with CC	$10,464.08
989	Nonextensive OR procedures unrelated to principal diagnosis without CC/MCC	$5,913.02

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

AVANTA™ CMC IMPLANT SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
25445	Arthroplasty with prosthetic replacement; trapezium	20.97	$712.49
25447	Arthroplasty interposition, intercarpal or carpometacarpal joints	23.93	$813.06
25449	Revision of arthroplasty, including removal of implant	30.53	$1,037.30
26320	Removal of implant from finger or hand	9.97	$338.74

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate
25445		$2,322.92
25447		$1,522.05
25449		$1,522.05
26320		$6,700.41

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average
25445 Repair wrist joint(s)	T	0048	$4,129.58
25447 Repair wrist joint(s)	T	0047	$2,705.83
25449 Remove wrist joint implant	T	0047	$2,705.83
26320 Removal of implant from finger or hand	T	0021	$1,245.17

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
80.04	Arthrotomy for removal if prosthesis of hand and finger
78.64	Removal of implanted device from carpals and metacarpals
81.79	Other repair of hand, fingers, and wrist

HCPCS CODES

HCPCS Code5	HCPCS Description
C1776	Joint device, (implantable)

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

AVANTA™ CMC IMPLANT SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG7	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Disclaimer:
This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of March 2, 2011 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. Therefore, health care providers must use great care and validate coding requirements ascribed by payers with whom they work. Small Bone Innovations assumes no responsibility for coding and cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which your submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. Small Bone Innovations does not promote the off-label use of its devices. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers.
03/02/2011mtm

SMALL BONE INNOVATIONS, INC.

SR™ MCP IMPLANT SYSTEM

HUMANITARIAN USE ONLY DEVICE

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUS	2011 Medicare National Pymt Average[2]
26320	Removal of implant from finger or hand	9.87	$338.74
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	18.03	$612.59

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
26320		$700.41
26531		$2,322.92

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
26320 Removal of implant from hand	T	0021	$1,245.17
26531 Revise knuckle with implant	T	0048	$4,129.58

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
78.64	Removal of implanted device from carpals and metacarpals
80.04	Arthrotomy for removal if prosthesis of hand and finger
81.71	Arthroplasty of metacarpophalangeal and interphalangeal joint with implant

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

SR™ MCP IMPLANT SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
506	Major thumb or joint procedures	$10,445.45
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Disclaimer:
This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of March 2, 2011 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. Therefore, health care providers must use great care and validate coding requirements ascribed by payers with whom they work. Small Bone Innovations assumes no responsibility for coding and cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which your submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. Small Bone Innovations does not promote the off-label use of its devices. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers.
03/02/2011mtm

SBi
SMALL BONE INNOVATIONS, INC.

SILICONE MCP IMPLANT SYSTEM AND PREFLEX MCP

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUS	2011 Medicare National Pymt Average[2]
26320	Removal of implant from finger or hand	9.87	$338.74
26531	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	18.03	$612.59

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
26320		$700.41
26531		$2,322.92

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
26320 Removal of implant from hand	T	0021	$1,245.17
26531 Revise/implant finger joint	T	0048	$4,129.58

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
78.64	Removal of implanted device from carpals and metacarpals
80.04	Arthrotomy for removal if prosthesis of hand and finger
81.71	Arthroplasty of metacarpophalangeal and interphalangeal joint with implant

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)
L8630	Metacarpophalangeal joint implant

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

SILICONE MCP IMPLANT SYSTEM AND PREFLEX MCP

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
506	Major thumb or joint procedures	$10,448.45
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Disclaimer:
This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of March 2, 2011 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. Therefore, health care providers must use great care and validate coding requirements ascribed by payers with whom they work. Small Bone Innovations assumes no responsibility for coding and cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which your submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. Small Bone Innovations does not promote the off-label use of its devices. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers.
03/02/2011mtm

SMALL BONE INNOVATIONS, INC.

SR™ PIP IMPLANT SYSTEM

HUMANITARIAN USE ONLY DEVICE

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	19.86	$674.77
26320	Removal of implant from finger or hand	9.97	$338.74

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
26536		$2,322.92
26320		$700.41

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
26536 Revise/implant finger joint	T	0048	$4,129.58
26320 Removal of implant from hand	T	0021	$1,245.17

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
78.69	Removal of implanted device; other
80.04	Arthrotomy for removal if prosthesis of hand and finger
81.71	Arthroplasty of metacarpophalangeal and interphalangeal joint with implant

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

SR™ PIP IMPLANT SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.13
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
506	Major thumb or joint procedures	$10,448.45
513	Hand or wrist procedures, except major thumb or joint procedures with CC/MCC	$7,263.26
514	Hand or wrist procedures, except major thumb or joint procedures without CC/MCC	$4,584.00
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Disclaimer:
This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of March 2, 2011 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. Therefore, health care providers must use great care and validate coding requirements ascribed by payers with whom they work. Small Bone Innovations assumes no responsibility for coding and cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which your submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. Small Bone Innovations does not promote the off-label use of its devices. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers.
03/02/2011mtm

SBi
SMALL BONE INNOVATIONS, INC.

SILICONE PIP IMPLANT SYSTEM

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	19.86	$674.77
26320	Removal of implant from finger or hand	9.97	$338.74

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
26536		$2,322.92
26320		$700.41

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
26536 Revise/implant finger joint	T	0048	$4,129.58
26320 Removal of implant from hand	T	0021	$1,245.17

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
78.69	Removal of implanted device; other
80.04	Arthrotomy for removal if prosthesis of hand and finger
81.71	Arthroplasty of metacarpophalangeal and interphalangeal joint with implant

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1776	Joint device, (implantable)
L8658	Interphalangeal joint spacer, silicone or equal, each

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

SILICONE PIP IMPLANT SYSTEM

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
506	Major thumb or joint procedures	$10,448.45
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

SBi
SMALL BONE INNOVATIONS, INC.

DIAMOND™ CARPAL FUSION PLATE

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	21.45	$728.79
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	17.77	$603.76
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	21.94	$745.44
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	12.65	$419.95

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
25800		$3,447.64
25820		$1,833.38
25825		$3,447.64
20680		$925.91

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average[4]
25800 Fusion of wrist joint	T	0052	$6,129.06
25820 Fusion of hand bones	T	0051	$3,259.30
25825 Fuse hand bones with graft	T	0052	$6,129.06
20680 Removal of support implant	T	0022	$1,646.04

HOSPITAL PROCEDURE CODES

ICD9 Code[6]	ICD9 Description
78.64	Removal of carpocarpal or carpometacarpal joint with implant
81.26	Metacarpocarpal fusion

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

DIAMOND™ CARPAL FUSION PLATE

HCPCS CODES

HCPCS Code[5]	HCPCS Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
495	Local excision and removal internal fixation devices except hip and femur with MCC	$16,016.93
496	Local excision and removal internal fixation devices except hip and femur with CC	$9,050.18
497	Local excision and removal internal fixation devices except hip and femur without CC/MCC	$6,014.10
506	Thumb or joint procedures	$6,597.64
513	Hand or wrist procedures, except major thumb or joint procedures with CC/MCC	$7,263.26
514	Hand or wrist procedures, except major thumb or joint procedures without CC/MCC	$4,581.00
906	Hand procedures for injuries	$5,782.91

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

PHYSICIAN CODING OPTIONS

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
	External Fixation		
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	16.79	$570.46
20692	Application of a multiplane (pins or wires in more than one plane, unilateral , external fixation system (eg, Ilizrov, Monticellis type)	31.55	$1,071.96
20693	Adjustment of revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s)	13.28	$451.21
20694	Removal, under anesthesia, of external fixation system	9.8	$332.97

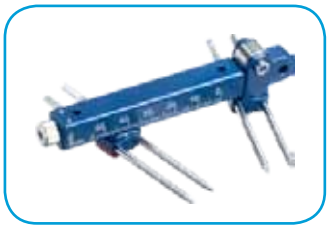
RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	31.02	$1,057.35
27758	Open treatment of tibial shaft fracture (with or without fibular fracture) with plates/screws, with or without cerclage	26.02	$884.07
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant with or without interlocking screws and.or ceclage	29.32	$996.19
27766	Open treatment of medical malleolus fracture, includes internal fixation, when performed	17.75	$603.08
27784	Open treatment of proximal fibular or shaft fracture, includes internal fixation, when performed	20.7	$703.31
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	20.71	$703.65
27814	Open treatment of bimalleolar ankle fracture, (eg, lateral and medial malleoli, or lateral and posterior alleoli, or medial and posterior malleoli), includes internal fixation, when performed	22.6	$767.87
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	24.73	$840.24
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	28.13	$955.76
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), includes internal fixation, when performed; of fibula only	24.32	$826.31
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), includes internal fixation, when performed; of tibia only	31.8	$1,080.45

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.



EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

PHYSICIAN CODING OPTIONS CONTINUED

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
	External Fixation		
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), includes internal fixation, when performed; of tibia and fibula only	38.08	$1,293.82
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	19.73	$670.35
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	21.53	$731.51
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	21.49	$730.15
	Manipulation		
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	5.1	$173.28
	Ankle Fusion		
27870	Arthrodesis, ankle open	30.61	$1,040.02
27871	Arthrodesis, tibiofibular joint, proximal or distal	20.26	$688.36
	Limb Lengthening		
27715	Osteoplasty, tibia and fibula, lengthening or shortening	31.02	$1,057.35
	Trimple Arthrodesis		
28715	Arthrodesis; triple	28.56	$970.37
	Repair, Revision, and/or Reconstruction		
28300	Osteotomy; calcaneus (eg, Dwyer or Chamber type procedure), with or without internal fixation	19.46	$661.18
28302	Osteotomy; talus	20.34	$691.08
28304	Osteotomy, tarsal bones, other than calcaenus or talus;	17.46	$593.23
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with Autograft (includes obtaining graft) (eg, Fowler type)	19.28	$655.06
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	11.95	$406.02
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	33	$1,121.22
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	36.08	$1,225.87

RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

PHYSICIAN CODING OPTIONS CONTINUED

CPT Code[1]	CPT Description	RVUs	2011 Medicare National Pymt Average[2]
	External Fixation		
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	12.72	$432.18
28445	Open treatment of talus fracture, includes internal fixation, when performed	31.16	$1,059.70
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	8.74	$296.95
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed	17.82	$605.06
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	9.93	$337.39
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	15.47	$525.61
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	9.32	$316.66
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	8.44	$660.50
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	10.93	$371.36
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	21.29	$723.36
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	11.35	$385.63
28705	Arthrodesis; pantalar	38.19	$1,297.56
28715	Arthrodesis; triple	28.56	$970.37
28725	Arthrodesis; subtalar	23.29	$790.63
28730	Arthrodesis; midtarsal or tarsometatarsal, multiple, multiple or transverse	24.69	$838.88
28735	Arthrodesis; midtarsal or tarsometatarsal, multiple, multiple or transverse; with osteotomy (eg, flatfoot correction)	23.32	$792.33
28737	Arthrodesis; with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	20.05	$681.23
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	18.48	$627.88

RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

SBi
SMALL BONE INNOVATIONS, INC.

EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

AMBULATORY SURGERY CENTER

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
20690		$1,249.23
20692		$1,249.23
20693		$890.10
20694		$890.10
27756		$1,028.80
27758		$1,864.78
27759		$2,592.14
27766		$1,864.78
27784		$1,864.78
27792		$1,864.78
27814		$1,864.78
27822		$1,864.78
27823		$2592.14
27826		$1,864.78
27827		$2,592.14
27828		$2,592.14
27829		$1,864.78
27832		$1,864.78
27846		$1,864.78
27860		$602.50
27870		$3,447.64
27871		$3,447.64
27715	No Medicare payment in ASC	No Medicare payment in ASC
28300		$2,140.87
28302		$875.41
28304		$2,140.87
28305		$2,140.87
28306		$875.41
28415		$2,592.14

RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

AMBULATORY SURGERY CENTER CONTINUED

CPT Codes	ASC Payment Group no longer relevant due to ASC Changes	2011 ASC Payment Rate[3]
28420		$1,864.78
28436		$1,028.80
28445		$1,864.78
28456		$1,028.80
28465		$1,864.78

RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

28476		$1,028.80
28485		$1,864.78
28546		$1,028.80
28555		$1,864.78
28576		$1,028.80
28585		$1,028.80
28606		$1,028.80
28705		$2,140.87
28715		$3,447.64
28725		$2,140.87
28730		$2,140.87
28735		$2,140.87
28737		$2,140.87
28740		$2,140.87

HOSPITAL OUT-PATIENT DEPARTMENT

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average
20690 Apply bone fixation device	T	0050	$2,220.83
20692 Apply bone fixation device	T	0050	$2,220.83
20693 Adjust bone fixation device	T	0049	$1,582.38
20694 Remove bone fixation device	T	0049	$1,582.38
27715 Revision of lower leg	C	IP	InPt Proc Only
27756 Treatment of tibia fracture	T	0062	$1,828.95
27758 Treatment of tibia fracture	T	0063	$3,315.13

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

HOSPITAL OUT-PATIENT DEPARTMENT CONTINUED

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average
27759 Treatment of tibia fracture	T	0064	$4,608.20
27766 Treatment of ankle fracture	T	0063	$3,315.13
27784 Treatment of fibula fracture	T	0063	$3,315.13
27792 Treatment of ankle fracture	T	0063	$3,315.13
27814 Treatment of ankle fracture	T	0063	$3,315.13
27822 Treatment of ankle fracture	T	0063	$3,315.13
27823 Treatment of ankle fracture	T	0064	$4,608.20
27826 Treat lower leg fracture	T	0063	$3,315.13
27827 Treat lower leg fracture	T	0064	$4,608.20
27828 Treat lower leg fracture	T	0064	$4,608.20
27829 Treat lower leg joint	T	0063	$3,315.13
27832 Treat lower leg dislocation	T	0063	$3,315.13
27846 Treat ankle dislocation	T	0063	$3,315.13

RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

27860 Fixation of ankle joint	T	0045	$1,071.10
27870 Fusion of ankle joint	T	0052	$6,129.06
27871 Fusion of tibofibular joint	T	0052	$6,129.06
28300 Incision of heel bone	T	0056	$3,805.14
28302 Incision of ankle bone	T	0055	$1,556.26
28304 Incision of midfoot bones	T	0056	$3,805.94
28305 Incise/graft midfoot bones	T	0056	$3,805.94
28306 Osteotomy w/wo length/short	T	0055	$1,556.26
28415 Treat heel fracture	T	0064	$4,608.20
28420 Treat/graft heel fracture	T	0063	$3,315.13
28436 Treatment of ankle fracture	T	0062	$1,828.95
28445 Treat ankle fracture	T	0063	$3,315.13
28456 Treat midfoot fracture	T	0062	$1,828.95
28465 Treat midfoot fracture, each	T	0063	$3,315.13
28476 Treat metatarsal fracture	T	0062	$1,828.95
28485 Treat metatarsal fracture	T	0063	$3,315.13
28546 Treat foot dislocation	T	0062	$1,828.95

SBi
SMALL BONE INNOVATIONS, INC.

EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

HOSPITAL OUT-PATIENT DEPARTMENT CONTINUED

CPT Code & Description	Status Indicator	APC Group	2011 Medicare APC National Pymt Average
28555 Repair foot dislocation	T	0063	$3,315.13
28576 Treat foot dislocation	T	0062	$1,828.95
28585 Repair foot dislocation	T	0062	$1,828.95
28606 Treat foot dislocation	T	0062	$1,828.95
28615 Repair foot dislocation	T	0063	$3,315.13
28705 Fusion of foot bones	T	0056	$3,805.94
28715 Fusion of foot bones	T	0052	$6,129.06
28725 Fusion of foot bones	T	0056	$3,805.94
28730 Fusion of foot bones	T	0056	$3,805.94
28735 Fusion of foot bones	T	0056	$3,805.94
28737 Revision of foot bones	T	0056	$3,805.94
28740 Fusion of foot bones	T	0056	$3,805.94

HOSPITAL PROCEDURE CODES

ICD9 Code$_6$	ICD9 Description
77.28	Wedge osteotomy of tarsals and metatarsals
77.38	Other division of tarsals and metatarsals
77.77	Excision of tibia and fibula for graft
77.79	Excision of other bone for graft, except facial bones
78.08	Bone graft of tarsals and metatarsals
78.10	Application of external fixator device to unspecified site

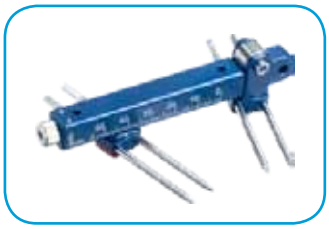
RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

78.17	Application of external fixator device to tibia and fibula
78.18	Application of external fixator device to tarsals and metatarsals
78.28	Limb shortening procedures, tarsals and metatarsals
79.36	Open reduction of fracture of tibia and fibula with internal fixation
78.37	Limb lengthening procedures to tibia and fibula
78.57	Internal fixation of tibia and fibula without fracture reduction
78.58	Internal fixation of tarsals and metatarsals without fracture reduction
78.67	Removal of implanted devices from tibia and fibula

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.



EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

HOSPITAL PROCEDURE CODES CONTINUED

ICD9 Code[6]	ICD9 Description
78.68	Removal of implanted devices from tarsals and metatarsals
79.17	Closed reduction of fracture of tarsals and metatarsals with internal fixation
79.26	Open reduction of fracture without internal fixation to tibia and fibula
79.27	Open reduction of fracture without internal fixation of tarsals and metatarsals
79.28	Open reduction of fracture without internal fixation of phalanges of foot
79.37	Open reduction of fracture of tarsals and metatarsals with internal fixation
79.77	Closed reduction of dislocation of ankle
79.78	Closed reduction of dislocation foot and toe
79.87	Open reduction of dislocation of ankle
79.88	Open reduction of dislocation of foot and toe
81.11	Ankle fusion
81.12	Triple arthrodesis
81.13	Subtalar fusion
81.14	Midtarsal fusion
81.15	Tarsometatarsal fusion
81.16	Metatarsophalangeal fusion
81.17	Other fusion of foot
81.18	Subtaler joint arthroereisis
81.29	Arthrodesis of other specified joints
81.49	Other repair of ankle
83.71	Advancement of tendon
84.53	Implantation of internal limb lengthening device with kinetic distraction
84.54	Implantation of other internal limb lengthening device
93.44	Other skeletal traction

RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

EXTERNAL FIXATION:
RINGFIX™, RINGFIX™ RAD & MINIRAIL

POSSIBLE IN-PATIENT MS-DRG ASSIGNMENT

MS-DRG[7]	MS-DRG Description	2011 Medicare National Pymt Average
492	Lower extremity and humerus procedures except hip, foot, femur with MCC	$17,126.50
493	Lower extremity and humerus procedures except hip, foot, femur with CC	$10,341.23
494	Lower extremity and humerus procedures except hip, foot, femur without CC/MCC	$6,332.89
503	Foot procedures with MCC	$12,736.82
504	Foot procedures with CC	$8,758.69
505	Foot procedures without CC/MCC	$6,014.10
515	Other musculoskeletal system and connective tissue OR procedure with MCC	$17,809.99
516	Other musculoskeletal system and connective tissue OR procedure with CC	$10,746.08
517	Other musculoskeletal system and connective tissue OR procedure without CC/MCC	$8,262.82
579	Other skin, subcutaneous tissue and breast procedure with MCC	$16,515.59
580	Other skin, subcutaneous tissue and breast procedure with CC	$8,353.29
581	Other skin, subcutaneous tissue and breast procedure without CC/MCC	$5,150.23
628	Other endocrine, nutritional and metabolic OR procedures with MCC	$18,884.94
629	Other endocrine, nutritional and metabolic OR procedures with CC	$12,648.03
630	Other endocrine, nutritional and metabolic OR procedures without CC/MCC	$7,909.35
907	Other OR procedures for injuries with MCC	$21.369.31
908	Other OR procedures for injuries with CC	$10,749.99
909	Other OR procedures for injuries without CC/MCC	$6,451.89
987	Nonextensive OR procedures unrelated to principal diagnosis with MCC	$19,262.42
988	Nonextensive OR procedures unrelated to principal diagnosis with CC	$10,464.08
989	Nonextensive OR procedures unrelated to principal diagnosis without CC/MCC	$5,913.02

RingFIX™ is not indicated alone for arthrodesis (fusion), but may be used in support of arthrodesis provided by another indicated method of fixation such as internal fixation (codes 27756-28740). In this instance the code for RingFIX™ (20690-20694) would be used in conjunction with the other method of fixation.

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SBi
SMALL BONE INNOVATIONS, INC.

STAR™ ANKLE

PHYSICIAN CODING RECOMMENDATIONS

CPT Codes[1]	CPT Description	RVUs	2011 Medicare National Payment[2] Average
27702	Arthroplasty, ankle; with implant	28.84	$979.88
27703	Arthroplasty, ankle; revision, total ankle	33.41	$1,135.15
27704	Removal of ankle implant	16.72	$568.09

HOSPITAL OUTPATIENT AND FREE-STANDING ASC CODING RECOMMENDATIONS

		Hospital Out-Patient[3]			Ambulatory Surgery Center[4]	
CPT Codes	CPT Description	Status Indicator	APC Group	2011 Payment Rate	Payment Indicator	2011 ASC Payment Rate
27702	Arthroplasty, implant	C	n/a	n/a	n/a	n/a
27703	Arthroplasty, revision	C	n/a	n/a	n/a	n/a
27704	Removal implant	T	0049	$1,582.38	A2	$890.10

Status indicators – (C) Inpatient procedure; (T) Multiple procedure reductions apply
Payment indicators – (A2) Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight

HCPCS CODES

ICD-9 Code[5]	ICD-9 Description
C1776	Joint device, unplantable

HOSPITAL PROCEDURE CODING RECOMMENDATIONS

ICD-9 Code	ICD-9 Description
81.56	Total ankle replacement
81.59	Revision of joint replacement of lower extremity, not elsewhere classified

Telephone: 1 (877)-SBi-CPT4 (1-877-724-2784) Email: coding-ptaccess@mcra.com www.totalsmallbone.com

Small Bone Innovations, Inc.
1380 S. Pennsylvania Avenue
Morrisville, PA 19067

SMALL BONE INNOVATIONS, INC.

STAR™ ANKLE

MOST LIKELY HOSPITAL INPATIENT CODING

MS-DRG[6]	MS-DRG Description	2011 Medicare National Payment[7] Average
469	Major joint replacement or reattachment of lower extremity with MCC	$19,390.30
470	Major joint replacement or reattachment of lower extremity without MCC	$11,748.43

References

1 CPT 2011 Professional Edition, 2010, AMA

2 CY 2011 Medicare National Average Payment, RVU total multiplied by conversion factor of $33.9764 per Relative Value File RVU11AR at www.cms.gov

3 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov

4 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov

5 2011 HCPCS, 2010 Ingenix

6 2011 Expert ICD-9-CM for Hospitals-Volumes 1,2 & 3, 2010, Ingenix

7 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by facility.