2022 Medicare Facility Reimbursement Guide

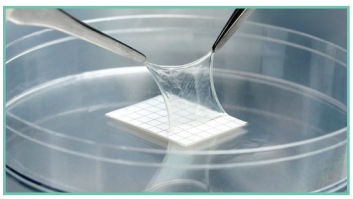
Clarix 1K & Clarix 100

BioTissue Reimbursement Hotline **866-369-9290**
Email Address **biotissuesurgical@thepinnaclehealthgroup.com**

Clarix® 1K and Clarix® 100 are cryopreserved human umbilical cord and/or amniotic membrane products. The biological integrity of the Amniotic Membrane and Umbilical Cord is maintained through a proprietary cryopreservation process, called CryoTek®.

Clarix 1K

Cryopreserved ultra-thick amniotic membrane allograft derived from human umbilical cord



Clarix 100

Cryopreserved human amniotic membrane allograft

Allograft				
HCPCS	Descriptor	Physician Facility	HOPPS	ASC
Q4148	Neox 1K, Neox RT, or Clarix 1K, per square centimeter	N/A	Packaged	Packaged
Q4156	Neox 100 or Clarix 100, per square centimeter	N/A	Packaged	Packaged

Implantation of Allograft - Report in addition to primary surgical procedure				
CPT	Descriptor	Physician Facility	HOPPS	ASC
15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)	$219.40	Packaged	Packaged
17999	Unlisted Procedure, skin, mucous membrane and subcutaneous tissue	By Report	$183.40/Packaged*	N/A
20999	Unlisted procedure, musculoskeletal system, general	By Report	$210.50**	N/A
22999	Unlisted procedure, abdomen, musculoskeletal system	By Report	$210.50**	N/A
23929	Unlisted procedure, shoulder	By Report	$210.50**	N/A
24999	Unlisted procedure, humerus or elbow	By Report	$210.50**	N/A
26989	Unlisted procedure, hands or fingers	By Report	$210.50**	N/A
27299	Unlisted procedure, pelvis or hip joint	By Report	$210.50**	N/A
27599	Unlisted procedure, femur or knee	By Report	$210.50**	N/A
27899	Unlisted procedure, leg or ankle	By Report	$210.50**	N/A
28899	Unlisted procedure, foot or toes	By Report	$210.50**	N/A

*CPT 17999 has a "Q1" status indicator in the HOPPS. Procedures assigned a Q1 status indicator are packaged if reported on the same claim as a HCPCS code with a status indicator of "S", "T" or "V"; otherwise, it is paid separately.
**Placement of Clarix® is typically done in conjunction with another orthopedic procedure that has been assigned a J1 status which triggers all other procedures appearing on the same claim to be packaged (i.e., there will be no separate payment).

Revenue	
Revenue Code	Descriptor
636	Pharmacy Extension 025X-Drug Requiring Detailed Coding

Clarix®

BioTissue Reimbursement Hotline **866-369-9290**
Email Address **biotissuesurgical@thepinnaclehealthgroup.com**

Common Shoulder Procedures				
CPT	Descriptor	Physician Facility	HOPPS	ASC
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	$843.70	$6,397.05	$3.000.95
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	$876.58	$6,397.05	$3.000.95
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	$1,001.85	$6,397.05	$3.000.95
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	$1,097.36	$6,397.05	$3.000.95

Note: In the HOPPS, CMS has assigned all of the CPT codes listed above a "J1" status indicator; as such, payment for all covered Part B services reported on the claim are packaged with the primary service for the claim, except services with OPPS SI = F, G, H, L and U.

Common Upper Extremity Procedures				
CPT	Descriptor	Physician Facility	HOPPS	ASC
24301	Muscle or tendon transfer, any type, upper arm, or elbow, single (excluding 24320-24331)	$773.10	$6,397.05	$3.000.95
24357	Tenotomy, elbow, lateral, or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); percutaneous	$432.58	$2,892.28	$1,361.61
25110	Excision, lesion of tendon sheath, forearm	$358.87	$1,422.51	$742.00
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths e.g., tenosynobitis, fungus, Tbc, or other granulomas, rheumatoid arthritis; flexors	$776.56	$1,422.51	$742.00
25290	Tenotomy, open flexor or extensor tendon, forearm and/or wrist, single, each tendon	$450.57	$2,892.28	$1,361.61
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	$532.24	$1,422.51	$742.00
26160	Excision of lesion sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	$325.64	$1,422.51	$742.00
26180	Excision of tendon, flexor or extensor, each tendon	$463.72	$1,422.51	$742.00
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor sheath (e.g., no man's land); primary or secondary without free graft, each tendon	$784.52	$2,892.28	$1,361.61
26352	Secondary with free graft (includes obtaining graft), each tendon	$873.81	$6,397.05	$3.000.95
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); primary, without free graft, each tendon	$819.82	$2,892.28	$1,361.61
26357	Secondary, without free graft, each tendon	$920.18	$2,892.28	$1,361.61
26358	Secondary, with free graft (includes obtaining graft, each tendon)	$1,016.04	$6,397.05	$3.000.95
26440	Tenolysis, flexor; palm or finger, each tendon	$685.89	$1,422.51	$742.00
26455	Tenolysis, extensor tendon, hand or tendon, finger, including forearm, each tendon	$482.06	$1,422.51	$742.00
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	$702.16	$6,397.05	$3.000.95
26502	With tendon or facial graft (includes obtaining graft) (separate procedure)	$794.21	$2,892.28	$1,361.61
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	$593.50	$2,892.28	$1,361.61
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	$764.45	$2,892.28	$1,361.61

Clarix

BioTissue Reimbursement Hotline **866-369-9290**
Email Address **biotissuesurgical@thepinnaclehealthgroup.com**

Common Upper Extremity Procedures (continued)				
CPT	Descriptor	Physician Facility	HOPPS	ASC
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	$526.01	$1,422.51	$742.00
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	$618.07	$1,793.31	$825.71
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	$419.43	$1,793.31	$825.71
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	$448.84	$1,793.31	$825.71

Note: In the HOPPS, CMS has assigned all of the CPT codes listed above a "J1" status indicator; as such, payment for all covered Part B services reported on the claim are packaged with the primary service for the claim, except services with OPPS SI=F, G, H, L and U.

Common Lower Extremity Procedures				
CPT	Descriptor	Physician Facility	HOPPS	ASC
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	$1,315.73	$12,593.29	$9.027.63
27380	Suture of infrapatellar tendon; primary	$646.79	$6,397.05	$3.000.95
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	$850.27	$6,397.05	$3,951.49
27412	Autologous chondrocyte implantation, knee	$1,688.09	$6,397.05	$4,811.32
27415	Osteochondral allograft, knee, open	$1,407.09	$12,593.29	$10,390.75
27416	Osteochondral autograft(s), knee, open (e.g. mosaicplasty (includes harvesting of autograft[s])	$1,007.73	$6,397.05	$3,000.95
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	$1,314.34	$12,593.29	$8,967.37
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	$676.55	$6,397.05	$3.000.95
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	$675.17	$6,397.05	$4,229.74
27654	Repair, secondary, achilles tendon, with or without graft	$731.23	$6,397.05	$3,905.12
27658	Repair flexor tendon, leg, primary, without graft	$378.25	$2,892.28	$1,361.61
27659	Repair flexor tendon, leg, secondary with or without graft, each tendon	$482.06	$6,397.05	$3,000.95
27665	Repair, extensor tendon leg; secondary, with or without graft, each tendon	$433.96	$6,397.05	$3,000.95
27675	Repair dislocating peroneal tendons; without fibular osteotomy	$504.56	$2,892.28	$1,361.61
27676	Repair dislocating peroneal tendons; with fibular osteotomy	$624.64	$6,397.05	$3,000.95
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	$429.12	$2,892.28	$1,361.61
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	$522.55	$2,892.28	$1,361.61
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	$475.84	$2,892.28	$1,361.61
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	$546.43	$2,892.28	$1,361.61
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot)	$657.52	$6,397.05	$3,000.95

Clarix

BioTissue Reimbursement Hotline **866-369-9290**
Email Address **biotissuesurgical@thepinnaclehealthgroup.com**

Common Lower Extremity Procedures (continued)				
CPT	Descriptor	Physician Facility	HOPPS	ASC
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (e.g., anterior tibial or posterior through interosseous space, flexor or digitorum longus, flexor halluxes longus, or peroneal tendon to midfoot or hindfoot)	$764.10	$6,397.05	$3,000.95
27700	Arthroplasty, ankle	$628.10	$6,397.05	$3,894.61
27702	Arthroplasty, ankle; with implant (total ankle)	$988.01	$12,593.29	N/A
27703	Arthroplasty, ankle; revision, total ankle	$1,136.47	Inpatient Only	N/A
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	$623.26	$6,397.05	$3,000.95
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	$750.26	$6,397.05	$3,905.12
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	$664.79	$6,397.05	$4,006.62
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	$786.94	$6,397.05	$4,029.07
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	$905.64	$6,397.05	$4,032.58
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	$1,017.08	$6,397.05	$3,990.57
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation, when performed; of fibula only	$883.50	$6,397.05	$3,995.24
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation, when performed; of tibia only	$1,156.19	$12,593.29	$8,559.60
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	$1,370.75	$12,593.29	$8,502.27
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	$732.27	$6,397.05	$4,067.57
27870	Arthrodesis, ankle, open	$1,037.49	$12,593.29	$8,903.60
27871	Arthrodesis, tibiofibular joint, proximal or distal	$710.12	$12,593.29	$9,266.91
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	$362.33	$1,793.31	$825.71
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (e.g., Kidney type procedure)	$498.68	$6,397.05	$3,000.95
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal	$466.84	$2,892.28	$1,361.61
28296	Hallux valgus correction with metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedure	$520.48	$2,892.28	$1,361.61
28299	Hallux valgus correction by double osteotomy	$598.69	$6,397.05	$3,917.66
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	$411.12	$6,397.05	$3,000.95
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	$392.43	$2,892.28	$1,361.61

Clarix®

BioTissue Reimbursement Hotline **866-369-9290**
Email Address **biotissuesurgical@thepinnaclehealthgroup.com**

Common Lower Extremity Procedures (continued)				
CPT	Descriptor	Physician Facility	HOPPS	ASC
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed	$1,157.58	$6,397.05	$4,228.86
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	$1,337.53	$12,593.29	$8,302.78
28445	Open treatment of talus fracture, includes internal fixation, when performed	$1,047.88	$6,397.05	$4,203.78
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	$653.71	$6,397.05	$3,966.37
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	$576.19	$6,397.05	$4,035.78
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	$509.40	$2,892.28	$1,361.61
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	$413.89	$2,892.28	$1,361.61
28531	Open treatment of sesamoid fracture, with or without internal fixation	$183.41	$6,397.05	$3.000.95
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	$674.13	$6,397.05	$3,976.87
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	$712.20	$6,397.05	$4,296.53
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	$849.58	$6,397.05	$4,104.91
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	$494.52	$2,892.28	$1,361.61
28675	Open treatment of interphalangeal joint dislocation, when performed	$420.12	$2,892.28	$1,361.61
28705	Arthrodesis; pantalar	$1,251.36	$16,513.36	$12,371.86
28715	Arthrodesis; triple	$963.44	$12,593.29	$9,190.27
28725	Arthrodesis, subtalar	$796.29	$12,593.29	$8,694.75
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse	$749.57	$12,593.29	$9,230.05
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	$800.79	$12,593.29	$9,384.50
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	$701.81	$12,593.29	$9,138.78
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	$631.22	$6,397.05	$4,501.57
28750	Arthrodesis, great toe; metatarsophalangeal joint	$591.77	$6,397.05	$4,340.86
28755	Arthrodesis, great toe; interphalangeal joint	$341.22	$6,397.05	$3,000.95
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	$578.27	$6,397.05	$3,905.12
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) includes harvesting of the autograft[s])	$1,080.75	$6,397.05	$3,000.95
29867	Arthroscopy, knee, surgical; osteochondral allograft	$1,311.57	$12,593.29	$9,768.86

Note: In the HOPPS, CMS has assigned all of the CPT codes listed above a "J1" status indicator; as such, payment for all covered Part B services reported on the claim are packaged with the primary service for the claim, except services with OPPS SI=F, G, H, L and U.

Clarix®

BioTissue Reimbursement Hotline **866-369-9290**
Email Address **biotissuesurgical@thepinnaclehealthgroup.com**

Imaging				
CPT	Descriptor	Physician Facility	HOPPS	ASC
73620	Radiologic examination, foot; 2 views	$7.61	$82.61/Packaged*	Packaged
73630	Radiologic examination, foot; complete, minimum 3 views	$8.31	$82.61/Packaged*	Packaged
73650	Radiologic examination, calcaneus, minimum 2 views	$7.96	$82.61/Packaged*	Packaged
76881	Ultrasound, extremity, nonvascular, real time with image documentation; complete	$30.80	$111.19	$28.22
76882	Ultrasound, extremity, nonvascular, real time with image documentation, limited; anatomic specific	$23.53	$111.19	Packaged

*Assigned a "Q1" status indicator. Procedures assigned a Q1 status indicator are packed if reported on the same claim as a HCPPCS code with a status indicator of "S", "T" or "V"; otherwise, it is paid separately.

Inpatient		
DRG	Descriptor	Payment
469	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity with MCC or Total Ankle Replacement	$20,099.13
470	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity w/o MCC	$12,377.06
500	Soft Tissue Procedures with MCC	$20,773.90
501	Soft Tissue Procedures with CC	$11,424.83
502	Soft tissue procedure w/o CC/MCC	$8,680.81
503	Foot Procedures with MCC	$17,198.80
504	Foot Procedures with CC	$11,560.96
505	Foot Procedures without CC/MCC	$11,560.96
508	Major shoulder or elbow joint procedure w/o CC/MCC	$9,181.68
515	Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC	$20,455.40
516	Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC	$12,784.14
517	Other Musculoskeletal System and Connective Tissue O.R. Procedures w/o CC/MCC	$9,106.78
563	Fracture, sprain, strain & dislocation except femur, hip, pelvis & thigh w/o MCC	$5,680.83
907	Other OR Procedures For Injuries with MCC	$25,715.48
908	Other OR Procedures For Injuries with CC	$13,354.70
909	Other OR Procedures For Injuries w/o MCC/CC	$8,929.62

Note: In the HOPPS, CMS has assigned all of the CPT codes listed above a "J1" status indicator; as such, payment for all covered Part B services reported on the claim are packaged with the primary service for the claim, except services with OPPS SI=F, G, H, L and U.

Clarix®

BioTissue Reimbursement Hotline **866-369-9290**
Email Address **biotissuesurgical@thepinnaclehealthgroup.com**

Notes & References

The payment rates specified in this document are Centers for Medicare & Medicaid Services (CMS) national unadjusted averages. Actual payment rates will vary based on geographic adjustments and are updated quarterly. Commercial payment rates will vary per contract.

CY 2022 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2022 Payment Rates (CMS-1753-FC); Addendum B and ASC Addenda.

CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1751-F); Addendum B. All MPFS Fee Schedules calculated using CF of $34.6062 effective January 1, 2022.

DRG values calculated using a base rate of $6,040.63 and Capital Standard Payment of $472.59. The national average hospital Medicare base rate is an average of the sum of eight categories: For hospitals with a wage index above 1 and hospitals with a wage index below 1: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User (see 2nd tab of this worksheet). This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2022 IPPS Final Rule CN (Tables 1A, 1D, and 5CN).

Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association

www.biotissue.com/surgical
7300 Corporate Drive, Suite 700, Miami, FL 33126 | 888.296.8858

BioTissue® Surgical