REIMBURSEMENT & CODING REFERENCE GUIDE
FOR PHYSICIANS AND HOSPITALS

Shoulder Arthroplasty & Proximal Fracture Surgical Procedures

AEQUALIS™ Reversed Fracture • AEQUALIS™ Reversed II Shoulder • AEQUALIS™ Resurfacing Head
AEQUALIS™ Proximal Humeral Plate • AEQUALIS™ FRACTURE Shoulder • AEQUALIS™ Primary Shoulder
AFFINITI™ Shoulder System • AEQUALIS™ IM Nail • AEQUALIS ASCEND™ FLEX • AEQUALIS ASCEND™ Shoulder System
AEQUALIS™ Adjustable Reverse • AEQUALIS™ PERFORM™ Glenoid System • BLUEPRINT™ 3D Planning + PSI • SIMPLICITI™ Shoulder System

This **Reimbursement & Coding Reference Guide** is intended to illustrate some commonly billed codes for shoulder arthroplasty and proximal fracture procedures, with associated assignment national average rates for inpatient (MS-DRG), 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 Hotline for additional assistance.

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2016

MS-DRG rates effective for discharges from **October 1, 2015 - September 30, 2016 (FY-2016).**

APC and ASC rates valid through the end of 2016. Physician rates valid through the end of 2016.

Common **Physician** Codes for Shoulder Arthroplasty & Proximal Fracture Surgical Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule Rate** *(Facility & Non-Facility)*
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	$1,109.93
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	$1,320.82
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	$1,240.98
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	$1,503.78
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	$1,679.58
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	$1,814.56
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes fixation, when performed, includes repair of tuberosity(s) when performed; with proximal humeral prosthetic replacement.	$1,280.72
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	$901.55
24516	Treatment of humeral shaft fracture, with insertion of intermedullary implant, with or without cerclage and/or locking screws	$885.80

Note: Do not report 23473, 23474 in conjunction with 23334, 23335 if a prosthesis [ie, humeral and/or glenoid component(s)] is being removed and replaced in the same shoulder during the same surgical session.

BLUEPRINT™ 3D Planning + PSI
Common **Physician** Codes for Diagnostic Imaging Adjunct to Shoulder Arthroplasty

CPT* Code	Code Description	2016 Medicare Fee Schedule Rate** *(Professional | Technical)*
73200	Computed tomography, upper extremity; without contrast material	$51.20 | $129.25
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation (Use 76377 in conjunction with code[s] for base imaging procedure[s]) (76376, 76377 require concurrent supervision of image postprocessing 3D manipulation of volumetric data set and image rendering)	$40.46 | $31.51

Note: Per the AMA/ACR Clinical Examples in Radiology, Concurrent physician supervision, as noted in the new 3D codes 76376 and 76377, defines a temporal relationship to creating the 3D volume rendered images. Concurrent means active participation in and monitoring of the reconstruction process that includes: design of the anatomic region that is to be reconstructed; determination of the tissue types and actual structures to be displayed (eg, bone, organs, and vessels); determination of the images or cine loops that are to be archived; and monitoring and adjustment of the 3D work product. (Source: ACR Radiology Coding Source, Q & A, March/April 2012)

** Based on Medicare National Payment Amount. Individual payments will vary based on Medicare's geographic adjustments.

Common **Hospital Outpatient APCs** for Shoulder Arthroplasty & Proximal Fracture Surgical Procedures

CPT* HCPCS Code	Code Description	APC Assignment	Status Indicator[1]	2016 Medicare APC Rate[2]
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	5074 Level 4 Excision/ Biopsy/ Incision and Drainage	T	$1,414.28
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	5125 Level 5 Musculoskeletal Procedures	J1	$10,537.90
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	5124 Level 4 Musculoskeletal Procedures	J1	$7,064.07
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	5125 Level 5 Musculoskeletal Procedures	J1	$10,537.90
24515	Open treatment of humeral shaft fracture with plate/ screws, with or without cerclage	5124 Level 4 Musculoskeletal Procedures	J1	$7,064.07
24516	Treatment of humeral shaft fracture, with insertion of intermedullary implant, with or without cerclage and/ or locking screws	5124 Level 4 Musculoskeletal Procedures	J1	$7,064.07
C1713	Anchor for opposing bone-to-bone or soft tissue-to-bone	N/A	N	N/A
C1776	Joint device (Implantable)	N/A	N	N/A

NOTE: APC payments include the cost of the implantable device.

BLUEPRINT™ 3D Planning + PSI
Common **Hospital Outpatient APCs** for Diagnostic Imaging adjunct to Shoulder Arthroplasty

CPT* HCPCS Code	Code Description	APC Assignment	Status Indicator[1]	2016 Medicare APC Rate[2]
73200	Computed tomography, upper extremity; without contrast material	5570 Computed Tomography without Contrast	Q3	$112.49
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; requiring image postprocessing on an independent workstation (Use 76377 in conjunction with code[s] for base imaging procedure[s]) (76376, 76377 require concurrent supervision of image postprocessing 3D manipulation of volumetric data set and image rendering)	N/A	N	N/A

1 Status Indicator "N" mean items and services are packaged into the APC rate and there is no separate payment. Status Indicator "T" means it is a significant procedure, and the multiple surgical reduction rule applies. Status Indicator "J1" are OPD services paid through a comprehensive APC. Status Indicator "Q3" are Codes that may be paid through a composite APC.

2 As published in Addendum B (Jan. 2016) of the Hospital Outpatient Prospective Payment System rules. Individual facility rates will vary.

Common **Hospital InPatient MS-DRGs** for Shoulder Arthroplasty & Proximal Fracture Surgical Procedures

ICD-10-PCS Procedure Code		Common MS-DRG Assignment		FY-2016 Medicare (Nat'l Avg.) DRG Rate[3]
0PSC04Z	Reposition Right Humeral Head with Internal Fixation Device, Open Approach	492	Lower Extremity and Humerus Procedures Except Hip, Foot Femur with MCC	$18,650.12
0PSD04Z	Reposition Left Humeral Head with Internal Fixation Device, Open Approach	493	Lower Extremity and Humerus Procedures Except Hip, Foot Femur with CC	$12,138.37
0PSF04Z	Reposition Right Humeral Shaft with Internal Fixation Device, Open Approach	494	Lower Extremity and Humerus Procedures Except Hip, Foot Femur without CC/MCC	$9,327.13
0PSG04Z	Reposition Left Humeral Shaft with Internal Fixation Device, Open Approach			
0RPJ0JZ	Removal of Synthetic Substitute from Right Shoulder Joint, Open Approach	495	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC	$17,803.38
0RPK0JZ	Removal of Synthetic Substitute from Left Shoulder Joint, Open Approach	496	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC	$10,304.36
		497	Local Excision and Removal Internal Fixation Devices Except Hip and Femur without CC/MCC	$7,343.13
0RRJ0JZ	Replacement of Right Shoulder Joint with Synthetic Substitute, Open Approach	483	Major Joint and Limb Reattachment Procedures of Upper Extremities	$14,246.37
0RRK0JZ	Replacement of Left Shoulder Joint with Synthetic Substitute, Open Approach			
0RRJ0J6	Replacement of Right Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach			
0RRJ0J7	Replacement of Right Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach			
0RRK0J6	Replacement of Left Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach			
0RRK0J7	Replacement of Left Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach			
0RRJ00Z	Replacement of Right Shoulder Joint with Reverse Ball and Socket Synthetic Substitute, Open Approach			
0RRK00Z	Replacement of Left Shoulder Joint with Reverse Ball and Socket Synthetic Substitute, Open Approach			

3 Medicare National Average DRG rates based on the FY 2016 Final Rule and Correction Notice tables published on the CMS website. Calculations are made using full update amounts. Individual facility rates will vary.

Common **Hospital InPatient MS-DRGs** for Shoulder Arthroplasty & Proximal Fracture Surgical Procedures

ICD-10-PCS Procedure Code		Common MS-DRG Assignment		FY-2016 Medicare (Nat'l Avg.) DRG Rate[3]
0RQJ0ZZ	Repair Right Shoulder Joint, Open Approach	507	Major Shoulder or Elbow Joint Procedures with CC/MCC	$11,040.68
0RQK0ZZ	Repair Left Shoulder Joint, Open Approach	508	Major Shoulder or Elbow Joint Procedures without CC/MCC	$9,526.71
0RWJ0JZ	Revision of Synthetic Substitute in Right Shoulder Joint, Open Approach	515	Other Musculoskeletal System and Connective Tissues O.R. Procedure with MCC	$18,813.68
0RWK0JZ	Revision of Synthetic Substitute in Left Shoulder Joint, Open Approach	516	Other Musculoskeletal System and Connective Tissues O.R. Procedure with CC	$12,205.10
		517	Other Musculoskeletal System and Connective Tissues O.R. Procedure without CC/ MCC	$10,460.84

Common **Ambulatory Surgery Center (ASC)** Payment Rates for Shoulder Arthroplasty & Proximal Fracture Surgical Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate[4]
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	$790.85
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	$7,886.65
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	$3,532.70
24516	Treatment of humeral shaft fracture, with insertion of intermedullary implant, with or without cerclage and/or locking screws	$3,532.70

3 Medicare National Average DRG rates based on the FY 2016 Final Rule and Correction Notice tables published on the CMS website. Calculations are made using full update amounts. Individual facility rates will vary.

4 As published in Addendum AA (Jan. 2016) of the Ambulatroy Surgery Center Payment rules. Individual facility rates will vary.

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

Wright Coding Reference Guide Disclaimer

The information provided in this guide contains general reimbursement information only and is not legal advice nor is it advice about how to code, complete, or submit any particular claim for payment. The information provided represents Wright's understanding of current reimbursement policies. **This Reference Guide is not intended to increase or maximize reimbursement by any payer.** Every reasonable effort has been made to ensure the accuracy of this information listed, however, the ultimate responsibility for coding appropriate codes, charges, and modifiers, and submitting bills for the services consistent with the patient insurer requirements, lies with the physician, clinician, hospital or other facility. Reimbursement policies are changed frequently and can vary considerably from one insurer to another. Wright strongly recommends that you consult your payers for interpretation of local coverage and reimbursement policies. Such policies can change over time. Wright is available to help in this process. **The key in all coding and billing to the federal government is to be truthful and not misleading and make full disclosures to the government in all attempts to seek reimbursement for any product or procedure.**

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

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