stryker

InSpace balloon implant

2022 reimbursement guide

Treatment of massive irreparable rotator cuff tears utilizing the Stryker InSpace Subacromial Tissue Spacer System

Providers should always verify the appropriateness of reporting any code with the respective payor.

This guide includes Medicare payment rates. Payment from other payors will vary.

The CPT codes listed in this guide can be reported to all payors. The ICD-10-PCS and DRG codes listed in this guide can be reported to Medicare. Some private payors may also accept these codes.

The information in this guide is shared for educational purposes only. The information is current as of March 27, 2022 and reimbursement rates may change due to addendum updates Medicare publishes throughout the year and may not be reflected in this guide.

The information provided herein reflects Stryker's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT® coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative.

The entity billing Medicare and/or third-party payors is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Stryker does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. The provider is solely responsible for reporting the codes that accurately describe the services furnished to a particular patient as well as the patient's medical condition. Note, the existence of a code for a procedure does not guarantee coverage or payment. When you are making coding decisions, we encourage you to seek input from the American Medical Association (AMA), relevant medical societies, Centers for Medicare and Medicaid Services (CMS), your local Medicare Administrative Contractor (MAC) and other health plans to which you submit claims. The reimbursement rates provided are national Medicare averages published by CMS at the time this guide was created.

Stryker does not promote the off-label use of its products.

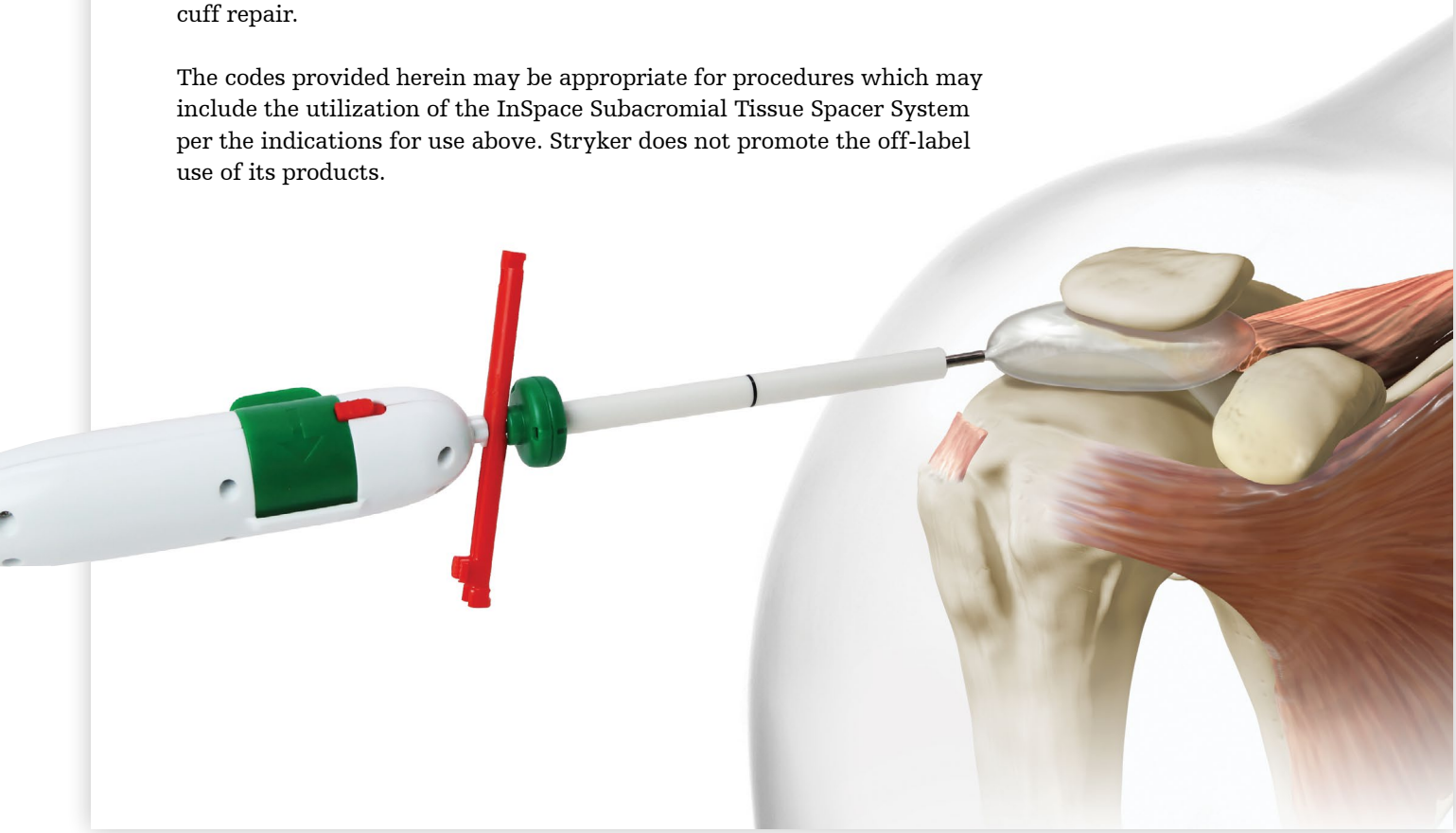
InSpace
Subacromial Tissue Spacer System

Stryker's InSpace Subacromial Tissue Spacer System offers a streamlined arthroscopic procedural option for the treatment of massive irreparable full-thickness torn rotator cuff tendons.

The InSpace implant is a balloon - shaped device made from a polymer and is designed to restore the subacromial space without requiring sutures or fixation devices. Once implanted, the implant biodegrades over time and is absorbed after approximately one year. Treatment with the InSpace implant may enable sustained, clinically meaningful improvements in shoulder function and symptoms.

The InSpace Subacromial Tissue Spacer System is FDA cleared through the De Novo pathway and is indicated for treatment of patients with massive, irreparable full-thickness torn rotator cuff tendons due to trauma and/or degradation with mild to moderate gleno-humeral osteoarthritis in patients 65 years of age or older whose clinical conditions would benefit from treatment with a shorter surgical time compared to partial rotator cuff repair.

The codes provided herein may be appropriate for procedures which may include the utilization of the InSpace Subacromial Tissue Spacer System per the indications for use above. Stryker does not promote the off-label use of its products.



Physician billing and Medicare payment rates

The below CPT codes may be appropriate for procedures which may include the utilization of the InSpace balloon implant*. CPT codes listed below include specific assigned CPT codes along with an unlisted code that may be appropriate depending on the procedure furnished. Multiple procedure reductions in payment rules may apply. Always review payor policy prior to reporting any CPT code. If you have questions concerning coding, contact the specific payor. Payment for unlisted codes must be negotiated with the payor.

CPT[1] code	Descriptor	2022 Total Relative Value Units (RVUs)	2022 Medicare payment rate[2]
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	17.48	$587
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	15.98	$537
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	16.12	$542
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	17.64	$593
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	20.15	$677
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	17.48	$587
29826+	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	5.1	$171
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	27.22	$915
Unlisted procedure codes			
20999	Unlisted procedure, musculoskeletal system, general		
23929	Unlisted procedure, shoulder		
29999	Unlisted procedure, arthroscopy		

1 Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2021.
2 CMS MPFS Final Rule (available on CMS website) 86 Fed. Reg. 64996 (November 19, 2021).
*Stryker's InSpace Subacromial Tissue Spacer System
+ Denotes an add on CPT Code

Outpatient Facility—Hospital

Hospital outpatient departments report the appropriate CPT code for procedures that include the utilization of the InSpace balloon implant*. Multiple procedure reductions in payment rules may apply. Always review payor policy prior to reporting any CPT code. If you have questions concerning coding, contact the specific payor. Payment for unlisted codes must be negotiated with the payor.

		2022 Hospital outpatient		
CPT[1] code	Descriptor	Ambulatory Payment Classification (APC)	Status Indicator (SI)[3]	Medicare payment[4]
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	5113 -Level 3 Musculoskeletal Procedures	J1	$2,892
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	5114 -Level 4 Musculoskeletal Procedures	J1	$6,397
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[is])	5113 -Level 3 Musculoskeletal Procedures	J1	$2,892
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[is])	5113 -Level 3 Musculoskeletal Procedures	J1	$2,892
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	5113 -Level 3 Musculoskeletal Procedures	J1	$2,892
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	5113 -Level 3 Musculoskeletal Procedures	J1	$2,892
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Not Applicable	N	Packaged
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	5114 -Level 4 Musculoskeletal Procedures	J1	$6,397
20999	Unlisted procedure, musculoskeletal system, general	5111-Level 1 Musculoskeletal Procedures	T	$211
23929	Unlisted procedure, shoulder	5111-Level 1 Musculoskeletal Procedures	T	$211
29999	Unlisted procedure, arthroscopy	5111-Level 1 Musculoskeletal Procedures	T	$211

3 Status indicators: J1 – Hospital Part B services paid through a comprehensive APC which provides that all covered Part B services on the claim are packaged with the primary "J1" service for the claim (certain exceptions apply).
4 CMS OPPS Final Rule, April 2022 Addendum B (available on CMS website) 83 Fed. Reg. 63458 (November 16, 2021).
*Stryker's InSpace Subacromial Tissue Spacer System

Outpatient Facility—Ambulatory Surgery Center (ASC)

ASCs report the appropriate CPT code for procedures that may include the utilization of the InSpace balloon implant*. Multiple procedure reductions in payment rules may apply. Always review payor policy prior to reporting any CPT code. If you have questions concerning coding, contact the specific payor.

		2022 Ambulatory Surgery Center (ASC)		
CPT[1] code	Descriptor	Ambulatory Payment Classification (APC)	Payment Indicator[5]	Medicare payment[5]
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	5113 -Level 3 Musculoskeletal Procedures	A2	$1,360
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	5114 -Level 4 Musculoskeletal Procedures	A2	$2,998
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	5113 -Level 3 Musculoskeletal Procedures	A2	$1,360
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	5113 -Level 3 Musculoskeletal Procedures	A2	$1,360
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	5113 -Level 3 Musculoskeletal Procedures	A2	$1,360
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	5113 -Level 3 Musculoskeletal Procedures	A2	$1,360
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Not Applicable	N1	Packaged
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	5114 -Level 4 Musculoskeletal Procedures	A2	$2,998

5 Payment indicators: A2 – Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight. CMS ASC Final Rule, April 2022 Addendum AA (available on CMS website) 86 Fed. Reg. 63458 (November 16, 2021).
*Stryker's InSpace Subacromial Tissue Spacer System

Outpatient Facility – HCPCS

Outpatient facilities report the appropriate HCPCS code to report utilization of the InSpace balloon implant*. Always review payor policy prior to reporting any code. If you have questions concerning coding, contact the specific payor.

		2022 Hospital outpatient setting		
HCPCS[6] code	Descriptor	Ambulatory Payment Classification (APC)	Status Indicator (SI)[3]	Medicare payment[4]
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	5114 -Level 4 Musculoskeletal Procedures	J1	$6,397

		2022 Ambulatory Surgery Center (ASC) setting		
HCPCS[6] code	Descriptor	Ambulatory Payment Classification (APC)	Payment Indicator[5]	Medicare payment[5]
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	5114 -Level 4 Musculoskeletal Procedures	J8	$3,903

3 Status indicators: J1 – Hospital Part B services paid through a comprehensive APC which provides that all covered Part B services on the claim are packaged with the primary "J1" service for the claim (certain exceptions apply).
4 CMS OPPS Final Rule, April 2022 Addendum B (available on CMS website) 83 Fed. Reg. 63458 (November 16, 2021).
5 Payment indicators: J8 – Device-intensive procedure; paid at adjusted rate. CMS ASC Final Rule, April 2022 Addendum AA (available on CMS website) 86 Fed. Reg. 63458 (November 16, 2021).
6 All Healthcare Common Procedure Coding System (HCPCS) Level II alpha-numeric codes, descriptions, instructions, guidelines, and other material are copyright 2021 Centers for Medicare & Medicaid Services (CMS).
*Stryker's InSpace Subacromial Tissue Spacer System

Inpatient Facility—Hospital

Surgical procedures may be separately reported for hospital inpatient facility billing using one of the following ICD-10-PCS codes. Payment for the hospital inpatient setting is determined by the MS-DRG reported. MS- DRG assignment will vary based upon the primary procedure performed. There is no separate payment for the InSpace balloon implant* as payment is packaged into the MS-DRG payment.

ICD-10-PCS code[7]	Descriptor
0LX14ZZ	Transfer right shoulder tendon, percutaneous endoscopic approach
0LX24ZZ	Transfer left shoulder tendon, percutaneous endoscopic approach
0RBJ4ZZ	Excision of right shoulder joint, percutaneous endoscopic approach
0RBK4ZZ	Excision of left shoulder joint, percutaneous endoscopic approach
0RHJ48Z	Insertion of spacer into right shoulder joint, percutaneous endoscopic approach
0RHK48Z	Insertion of spacer into right shoulder joint, percutaneous endoscopic approach

7 Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS).
*Stryker's InSpace Subacromial Tissue Spacer System

Possible MS-DRG	MS-DRG title	2022 MS-DRG payment[8]
510	Shoulder, elbow or forearm procedures, except major joint procedure with MCC	$18,093
511	Shoulder, elbow or forearm procedures, except major joint procedure with CC	$12,974
512	Shoulder, elbow or forearm procedures, except major joint procedure without MCC/CC	$10,251

8 CMS Inpatient Prospective Payment System (IPPS) Final Rule, (available on CMS website) 86 Fed. Reg. 44774 (August 13, 2021). Rates were calculated with a hospital Medicare base rate of $6,594.31. The payment rate is the national average Medicare rate and assumes hospital submitted quality data and is a meaningful HER user. The payment rate is subject to multiple adjustments for geographic location, teaching status and disproportionate share payments.

For assistance with your reimbursement questions, please contact Stryker's Reimbursement Services at 800-698-9985 (Option1) or InSpace.reimbursement@stryker.com

Sports Medicine

1000903980 Rev. D

Printed in USA

Stryker
5670 Greenwood Plaza Blvd., Suite 200
Greenwood Village, CO 80111
t: 866 596 2022 f: 303 993 6195

stryker.com/inspace