



Rotium™ Bioresorbable Wick 2020 Reimbursement Information

Indications for Use

The Rotium™ Bioresorbable Wick is intended to be used in conjunction with suture anchors for the reattachment of tendon to bone in rotator cuff repairs. It is an interpositional, bioresorbable, nonwoven, microporous, microfiber matrix and is placed between the bone and tendon during rotator cuff repair procedures.

Rotator Cuff Coding

The following codes are representative of surgical procedures that may be associated with the use of Rotium™.

2020 Medicare National Payment Rates (rounded to nearest dollar)

CPT®	Description	Physician Fee Schedule	Hospital Outpatient Payment	ASC Payment
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$853	\$5,982	\$2,803
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$887	\$5,982	\$2,803
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	\$1012	\$5,982	\$2,803
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$1114	\$5,982	\$2,803

Rotium™ Bioresorbable Wick Implant Coding

When the Rotium™ Bioresorbable Wick is used in concert with a rotator cuff repair procedure on a Medicare patient, the above facility procedure payment rates are relevant. To report the use and cost of Rotium™ on the facility claim form, the following C code from the Healthcare Common Procedure Coding System (HCPCS) Level II code set may be appropriate:

Connective tissue, non-human (includes synthetic) (C1763) - These tissues include a natural, acellular collagen matrix typically obtained from porcine or bovine small intestinal submucosa, or pericardium. This bio-material is intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological or musculoskeletal anatomy.



Because Rotium™ is intended to be used in concert with suture anchors, the following C code may be appropriate for use on the facility claim form as well:

Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) - Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery).

These codes does not have assigned Medicare payment rates as the payment for this device categories expired. For Medicare, they will therefore be reported on the claims form to identify the technologies used and costs associated with these technologies. The use of these codes may be helpful in facilitating separate commercial payor payment for the implants.

References

- 2020 AMA CPT Terminology and Payment Rates
- 2020 CMS OPSS Final Rule
- 2020 CMS ASC Final Rule
- 2020 CMS APC Device Offset File
- 2015 CMS Device Categories
- Rotium 510k IFU

The US reimbursement pathway for any medical intervention includes three associated but independent elements: coding, payment, and coverage. Each of these elements must be addressed to obtain consistent favorable reimbursement. Every reasonable effort has been made to ensure the accuracy of the information in this report. However, the ultimate responsibility for coding and claims submission lies with the provider of services (i.e., the physician, clinician, hospital, or other facility). Atreon Orthopedics makes no representation, guarantee or warranty, expressed or implied, that this report is error-free or that the use of this information will prevent differences of opinion with third-party payers and will bear no responsibility or liability for the results or consequences of its use. The reimbursement information is provided given the current (March 2020) reimbursement climate for the procedures. This information is subject to change based on payor payment rate and market changes.