



## CODING & REIMBURSEMENT GUIDE

### TECHNOLOGY OVERVIEW

The Cartiva<sup>®</sup> Synthetic Cartilage Implant (SCI) is a revolutionary technology that was developed to treat patients with osteoarthritis of the first MTP joint and is FDA approved for use in the treatment of patients with painful degenerative or post-traumatic arthritis. Cartiva SCI is a proprietary polyvinyl alcohol (PVA) hydrogel device that has been designed to mimic natural cartilage. The durable, viscoelastic surface replacement provides flexible cushioning intended to maintain natural joint mechanics by repairing focal cartilage defects and osteoarthritic joints, while minimizing the resection of healthy tissue. Cartiva SCI is implanted in a single procedure similar to that used for osteochondral autograft or allograft transplantation where the damaged cartilage is cored out and resurfaced with a press-fit implant. Cartiva may be indicated for patients that have not responded well to conservative medical treatments or are unwilling or unable to accept the lifestyle modifications required for other treatments.

Per the instructions for use (IFU) Cartiva SCI, a molded cylindrical implant, is placed into the metatarsal head in the first metatarsophalangeal joint via press-fit implantation. Cartiva SCI is manufactured in two sizes for treatment of first metatarsophalangeal joint osteoarthritis.

The Cartiva Synthetic Cartilage Implant is intended for use in the treatment of patients with painful degenerative or post-traumatic arthritis (hallux limitus or hallux rigidus) in the first metatarsophalangeal joint with or without the presence of mild hallux valgus. The Cartiva SCI device is implanted using instruments specifically designed for placement of the device. The Cartiva instrumentation is used to drill an appropriately sized cavity in the metatarsal head and deploy the Cartiva SCI device into the prepared cavity. Please see the full Cartiva Instructions for Use for additional information, indications, contraindications and precautions.

*Cartiva received FDA Premarket Approval (PMA) approval on July 1st 2016. The approval Order and Summary of Safety and Effectiveness can be accessed with the following link: [FDA Premarket Approval](#)*

*This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of December 2018 and is based upon publicly available source information.*

### CODING PATHWAY OPTIONS GUIDE

Coding pathway information is intended for provider overview and allows the physician to consider his or her reporting pathways on a case by case basis. Final decision-making regarding coding guidelines for specific third party payors remains in the hands of the provider. Ultimately, the provider has a better understanding of the coding pathways available and how to use them appropriately in the office, outpatient and inpatient facility settings of care.

This guide is provided for informational and educational purposes only and does not reflect or represent any specific case or procedure. Providers are always responsible for accurate coding assignment based on the documented medical record.

## DIAGNOSIS CODING OPTIONS

Example diagnosis codes for patients that may be indicated for the Cartiva® SCI implant procedures are shown below. This is not intended to be a complete list. No specific case or treatment options are implied. Diagnosis coding is always determined by the physician and based on the documented medical record.

ICD-10-CM DIAGNOSIS CODES	
ICD-10-CM CODE <sup>1</sup>	DIAGNOSIS DESCRIPTION
M19.071	Primary osteoarthritis, right ankle and foot
M19.072	Primary osteoarthritis, left ankle and foot
M19.079	Primary osteoarthritis, unspecified ankle and foot
M19.171	Post-traumatic osteoarthritis, right ankle and foot
M19.172	Post-traumatic osteoarthritis, left ankle and foot
M19.179	Post-traumatic osteoarthritis, unspecified ankle and foot
M20.10	Hallux valgus (acquired), unspecified foot
M20.11	Hallux valgus (acquired), right foot
M20.12	Hallux valgus (acquired), left foot
M20.20	Hallux rigidus, unspecified foot
M20.21	Hallux rigidus, right foot
M20.22	Hallux rigidus, left foot
M20.5X1	Other deformities of toe(s) (acquired), right foot
M20.5X2	Other deformities of toe(s) (acquired), left foot
M20.5X9	Other deformities of toe(s) (acquired), unspecified foot
M84.871	Other disorders of continuity of bone, right ankle and foot
M84.872	Other disorders of continuity of bone, left ankle and foot
M84.879	Other disorders of continuity of bone, unspecified ankle and foot
M94.8X7	Other specified disorders of cartilage, ankle and foot

## PHYSICIAN CODING OPTIONS

Physicians assign procedure codes based on the actual procedure performed and documented in the medical record. Unlisted coding pathways may be utilized when a procedure does not meet the criteria of an existing CPT code description. The following code pathway options should be considered when a Cartiva Synthetic Cartilage Implant procedure is performed. Codes are always assigned based on the actual procedure(s) performed and as documented in the medical record.

PHYSICIAN CODING PATHWAY OPTIONS			
CPT-4 CODE <sup>2</sup>	CPT DESCRIPTION	RVUs 2019	MEDICARE NATIONAL AVERAGE PAYMENT 2019 <sup>3</sup>
		Facility/NonFacility	Facility/NonFacility
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	13.86/21.01	\$500/\$757
28899	Unlisted procedure, foot or toes	0.00	\$0.00

## HOSPITAL OUTPATIENT & AMBULATORY SURGERY CENTER CODING OPTIONS

Relevant outpatient CPT and associated APC coding pathway options are shown in the following table. 2019 Medicare average payment amounts are also provided. Medicare allows some procedures in both the Hospital Outpatient & ASC setting of care and other procedures only in the Hospital Outpatient setting of care. Private commercial payor guidelines may differ and should be reviewed for each case.

HOSPITAL OUTPATIENT/ASC CODING PATHWAY OPTIONS						
CPT-4 CODE	APC DESCRIPTION	APC	HOSPITAL OUTPATIENT <sup>4</sup>		ASC <sup>5</sup>	
			STATUS INDICATOR	MEDICARE PAYMENT 2019	PAYMENT INDICATOR	MEDICARE PAYMENT 2019
28291	Level 4 Musculoskeletal procedures	5114	J1	\$5,700	J8	\$4,001
28899	Level 1 Musculoskeletal procedures	5111	T	\$225	IO	Medicare Not Allowable

### Status/Payment Indicators

T = Multiple procedure reduction applies  
 J1, J8 = All services, supplies and devices included  
 IO = Procedure not on Medicare ASC allowable list

Private commercial payors often use the Medicare APC system. Alternately, they may separately report procedures using CPT codes and HCPCS Level II codes for line item reimbursement of devices, materials and other supplies. Possible HCPCS code options used by private commercial payors include:

HCPCS CODING PATHWAY OPTIONS	
HCPCS <sup>6</sup>	HCPCS DESCRIPTION
C1776	Joint device (implantable)
L8641	Metatarsal joint implant
L8642	Hallux implant
L8699	Prosthetic implant, not otherwise specified

REVENUE CODING PATHWAY OPTIONS	
CODE	DESCRIPTION
278	Other implants

## HOSPITAL INPATIENT CODING PATHWAY OPTIONS

Hospital inpatient coding pathways are established for MTP joint implant procedures such as performed using the Cartiva® technology. Inpatient admission status is the responsibility of the physician based on medical necessity and applicable payor guidelines. Examples of related ICD-10-PCS inpatient procedure code options are presented below:

HOSPITAL INPATIENT PROCEDURE CODING PATHWAY OPTIONS		
PROCEDURE TYPE	ICD-10PCS CODE <sup>7</sup>	ICD-10-PCS DESCRIPTION
MTP Joint Implant	OSRMOJZ	Replacement of right metatarsophalangeal joint with synthetic substitute, open approach
	OSRNOJZ	Replacement of left metatarsophalangeal joint with synthetic substitute, open approach

## HOSPITAL INPATIENT CODING PATHWAY OPTIONS

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Inpatient procedure codes for foot and toe procedures map to several established MS-DRGs. Note that the MS-DRG assigned will depend on the diagnoses, condition of the patient, reason for the procedure and the actual procedures performed and documented in the medical record. Many, but not all, private payors follow the Medicare MS-DRG system for inpatient hospital stay reimbursement.

HOSPITAL INPATIENT MS-DRG ASSIGNMENT OPTIONS		
MS-DRG <sup>8</sup>	MS-DRG DESCRIPTION	MEDICARE NATIONAL AVERAGE PAYMENT 2019
503	Foot procedures with MCC	\$14,268
504	Foot procedures with CC	\$9,631
505	Foot procedures without CC/MCC	\$8,797

CC = Complication or Comorbidity    MCC = Major Complication or Comorbidity.

## REIMBURSEMENT ASSISTANCE

Email your reimbursement questions to:

[reimbursement@cartiva.net](mailto:reimbursement@cartiva.net)

1. 2019 ICD-10-CM, 2019 AAPC
2. 2019 CPT Professional Edition, 2018 American Medical Association (AMA); CPT is a trademark of the AMA
3. 2019 Medicare Physician Fee Schedule RVU multiplied by conversion factor, effective January 1, 2019 [www.cms.gov](http://www.cms.gov)
4. 2019 Medicare Outpatient Prospective Payment System, [www.cms.gov](http://www.cms.gov)
5. 2019 Medicare ASC Payment Rates, [www.cms.gov](http://www.cms.gov)
6. 2019 HCPCS, [www.cms.gov](http://www.cms.gov)
7. 2019 ICD-10-PCS, AAPC
8. 2019 MS-DRG relative weight multiplied by 2018 rate per IPPS Final Rule, payment rates will vary by facility. Calculation includes labor related, non-labor related and capital payment rates.

Disclaimer: This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of December 2018 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 payors is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. 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 you submit claims. Items and services that are billed to payors must be medically necessary and supported by appropriate documentation. Cartiva, Inc. does not promote the off-label use of its products. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payors.



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