

### CPT Codes and 2010 Medicare National Unadjusted Average Payment Rates for Select Tendon Repair Procedures

CPT Code <sup>1</sup>	Descriptor	Physician (in facility) payment <sup>2</sup>	Hospital Outpatient Payment <sup>3</sup>	ASC Payment <sup>3</sup>
<b>Select Tendon Repair Procedures of the Shoulder, Including Rotator Cuff</b>				
23405	Tenotomy, shoulder area; single tendon	\$465	\$2,142	\$1,061
23406	Tenotomy, shoulder area; multiple tendons through same incision	\$580	\$2,142	\$1,061
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$611	\$3,140	\$1,571
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$638	\$3,140	\$1,637
23415	Coracoacromial ligament release, with or without acromioplasty	\$511	\$3,140	\$1,571
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	\$722	\$3,140	\$1,637
29826	Arthroscopy, shoulder, decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	\$495	\$3,291	\$1,589
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$807	\$3,291	\$1,638
23929	Unlisted procedure, shoulder	-	\$112	-
29999	Unlisted procedure, arthroscopy	-	\$2,017	-
<b>Select Tendon Repair Procedures Involving the Knee, Including Patellar Tendon</b>				
27380	Suture of infrapatellar tendon; primary	\$433	\$1,484	\$741
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	\$591	\$1,484	\$783
27385	Suture of quadriceps or hamstring muscle rupture; primary	\$464	\$1,484	\$783
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	\$613	\$1,484	\$783
27599	Unlisted procedure, femur or knee	-	\$112	-
<b>Select Tendon Repair Procedures of the Ankle, Including Achilles Tendon</b>				
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	\$145	\$1,472	\$736
27606	Incision of Achilles tendon	\$217	\$1,484	\$741
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	\$497	\$3,140	\$1,521
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	\$536	\$5,976	\$2,786
27654	Repair, secondary, Achilles tendon, with or without graft	\$533	\$3,140	\$1,521
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	\$373	\$1,484	\$768
27685	Lengthening or shortening of tendon, leg or ankle; single tendon, (separate procedure)	\$350	\$2,142	\$1,077
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	\$414	\$2,142	\$1,077
27899	Unlisted procedure, leg or ankle	-	\$112	-

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<sup>2</sup> Federal Register, Vol. 74:226 dated November 25, 2009. Medicare payment rates effective January 1 through December 31, 2010. Actual payment rates will vary based on geographical adjustments to payments.

<sup>3</sup> Federal Register, Vol. 74:223 dated November 20, 2009. Actual payment rates will vary based on geographical adjustments to payments. Medicare payment rates effective January 1 through December 31, 2010.

<b>2010 Medicare National Unadjusted Average Hospital Inpatient Payment Rates for Select MS-DRGs<sup>1</sup></b>		
<b>MS-DRG</b>	<b>Descriptor</b>	<b>MS-DRG Payment</b>
488	Knee procedures w/o pdx of infection w CC/MCC	\$9,481
489	Knee procedures w/o pdx of infection w/o CC/MCC	\$6,687
500	Soft tissue procedures w MCC	\$17,095
501	Soft tissue procedures w CC	\$8,574
502	Soft tissue procedures w/o CC/MCC	\$5,559
507	Major shoulder or elbow joint procedures w CC/MCC	\$10,281
508	Major shoulder or elbow joint procedures w/o CC/MCC	\$7,104
509	Arthroscopy	\$6,820
510	Shoulder, elbow or forearm proc, exc major joint proc w MCC	\$12,142
511	Shoulder, elbow or forearm proc, exc major joint proc w CC	\$7,770
512	Shoulder, elbow or forearm proc, exc major joint proc w/o CC/MCC	\$5,671
907	Other O.R. procedures for injuries w MCC	\$21,520
908	Other O.R. procedures for injuries w CC	\$10,590
909	Other O.R. procedures for injuries w/o CC/MCC	\$6,294
984	Prostatic O.R. procedure unrelated to principal diagnosis w MCC	\$18,903
985	Prostatic O.R. procedure unrelated to principal diagnosis w CC	\$11,011
986	Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	\$6,262
<b>Possible ICD-9-Procedure Codes</b>		
81.44	Patellar stabilization	
83.13	Other tenotomy	
83.61	Suture of tendon sheath	
83.62	Delayed suture tendon	
83.63	Rotator cuff repair	
83.64	Other suture of tendon	
83.73	Reattachment of tendon	
83.81	Tendon graft	
83.88	Other plastic operations on tendon	

<sup>1</sup> Federal Register, Vol. 74:165, August 27, 2009, Vol. 74:193 (Correction Notice); and Table 1B, 1D, and 5. Effective October 1, 2009. Actual payment rates will vary based on geographical adjustments to payments. National average (wage index greater than one) MS- DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,652.40). Hospital inpatient payment rates effective October 1, 2009 through September 30, 2010.