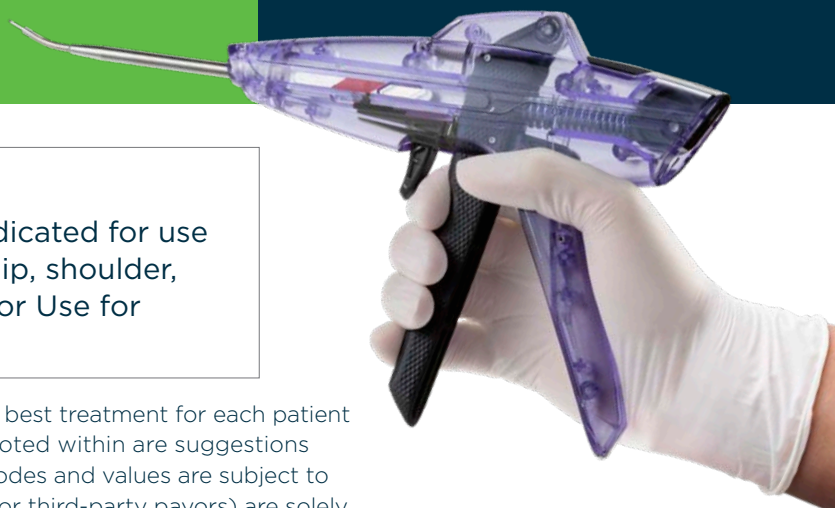


CODING & REIMBURSEMENT GUIDE

Smart+Shot[®]
MARROW ACCESS DEVICE



INDICATIONS FOR USE

The SmartShot[®] Marrow Access Instrument is indicated for use on patients with cartilage defects of the knee, hip, shoulder, ankle, wrist and elbow. Please see Instructions for Use for contraindications, warnings and precautions.

It is the responsibility of the healthcare provider to determine the best treatment for each patient based on each patient's condition and diagnosis. The codes denoted within are suggestions only. The information should not be construed as authoritative. Codes and values are subject to frequent change without notice. The entity billing (Medicare and/or third-party payors) are solely responsible for the accuracy of the codes assigned to the services and items in the medical record. All data referenced herein is based on publicly available information.

COMMON CODES FOR USE WITH THE SMARTSHOT[®] MARROW ACCESS INSTRUMENT

Operative Site	CPT Code	CPT Description	Physician Payment			Hospital Outpatient
			Work RVUs	Total Facility RVUs	National Average Payment (2019 Medicare)	National Average Payment (2019 Medicare)
Knee	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	8.99	19.06	\$686.92	\$2,623.34
Ankle	29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	9.67	19.33	\$696.65	\$2,623.34
	29892	Arthroscopically-aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	10.27	18.85	\$679.35	\$5,699.59
Shoulder	29822	Arthroscopy, shoulder, surgical; debridement, limited	7.60	16.35	\$589.25	\$2,623.34
	29823	Arthroscopy, shoulder, surgical; debridement, extensive	8.36	17.78	\$640.79	\$2,623.34
Elbow	29837	Arthroscopy, elbow, surgical; debridement, limited	7.01	15.09	\$543.84	\$2,623.34
	29838	Arthroscopy, elbow, surgical; debridement, extensive	7.88	16.93	\$610.16	\$2,623.34

Medicare Average Payment amounts are calculated as total facility RVUs multiplied by the CY 2019 Final Conversion Factor 2018 Medicare Physician Fee Schedule, Final Rule www.cms.gov 2019 Addendum A.-Final OPPS APCs for CY 2019, referencing APCs 5113 and 5114

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