

2023 TRUMATCH™ Personalized Solutions for Knee Reimbursement Guide

TRUMATCH™ Personalized Solutions for Knee is comprised of single-use sterile patient specific instruments (resection or pin guides) and pre-operative planning software that utilizes CT scans to design patient-specific surgical plans and instruments. The surgical plans and instruments are available for primary total knee arthroplasty procedures for use with the ATTUNE™ and SIGMA™ Knee Systems.

Coverage for Pre-operative CT and Patient Specific Instrumentation for total knee arthroplasty (TKA) will vary by payer. It is strongly recommended to obtain pre-authorization (when applicable) prior to providing any services. For assistance, please reach out to the DePuy Synthes Reimbursement Support Services Hotline.

Physician

Medicare Physician Fee Schedule values for procedures involving the use of TRUMATCH™ Personalized Solutions for the Knee are indicated below.

CPT® Code	Description	2023 Total RVUs	2023 Medicare National Average Payment
Pre-Operative Imaging			
73700-26	Computed tomography, lower extremity; without contrast material	1.40	\$47.44
Total Knee Arthroplasty			
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	38.35	\$1,300
Patient Specific Instrumentation			
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	N/A	N/A
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	N/A	N/A

• CPT codes 0561T and add-on code 0562T are used to report the 3D printing of cutting guides using patient specific imaging data. The guides' primary purpose is to precisely fit the patient's anatomy and provide exact placement for cuts. If more than one guide is needed for a procedure, the second and each additional guide would be reported with CPT code 0562T.

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)

Medicare reimburses inpatient hospital services under the Inpatient Prospective Payment System (IPPS), which bases payment on MS-DRGs (Medicare Severity Diagnosis Related Groups). The MS-DRGs and Medicare national average payments for total knee arthroplasty procedures are listed below:

MS-DRG	Description	2024* Medicare National Average Payment
469	Major hip and knee joint replacement or reattachment of lower extremity with MCC or total ankle replacement	\$23,314
470	Major hip and knee joint replacement or reattachment of lower extremity without MCC	\$13,175

*2024 rates are effective October 1, 2023; MCC=Major Complications or Comorbidities

Hospital Outpatient and Ambulatory Surgical Center (ASC)

Medicare reimburses outpatient hospital and Ambulatory Surgery Center (ASC) services under the Outpatient Prospective Payment System (OPPS), which bases payment on Ambulatory Payment Classifications (APCs) and ASC Payment Groups. Services are reported with CPT® codes. The Medicare national average payments for TRUMATCH™ Personalized Solutions for knee arthroplasty procedures in the outpatient setting is listed below.

CPT® Code	Description	Hospital Outpatient			Ambulatory Surgical Center	
		OPPS Status Indicator	APC	2023 Medicare National Average Payment	PI	2023 Medicare National Average Payment
Pre-Operative Imaging						
73700	Computer tomography, lower extremity; without contrast material	Q3	5522	\$107	N/A	N/A
Total Knee Arthroplasty						
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	J1	5115	\$13,048	J8	\$9,323
Patient Specific Instrumentation						
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Q1	5733	\$57	N/A	N/A
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	N	N/A	N/A	N/A	N/A

OPPS Status Indicator: Q3 – Codes that may be paid through a composite APC; J1 – Hospital part B services paid through a comprehensive APC; Q1 – Packaged codes.; N – Payment is packaged into payment for other services; no separate APC payment.

APC Assignment: 5522 – Level 2 imaging w/out contrast; 5115 – Level 5 Musculoskeletal Procedures; 5733 – Level 3 Minor Procedures

ASC Payment Indicator: J8 –Device intensive procedure, paid at adjusted rate

DePuy Synthes Reimbursement Support Services

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Sources

Calendar Year 2023 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1772-F, Vol. 87, No. 225; November 23, 2022); Addendum B and ASC Addenda AA. Calendar Year 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies (CMS-1770-F, Vol. 87, No. 222; November 18, 2022); Addendum B. All MPFS Fee Schedules calculated using CF of \$33,8872 effective January 2023. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2024 Rates [CMS-1785-F], Federal Register (Vol. 88, No. 165), August 28, 2023; Final: National Average DRG Payment. ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). No geographic adjustments have been made to the reported payment rates.

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Notes

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