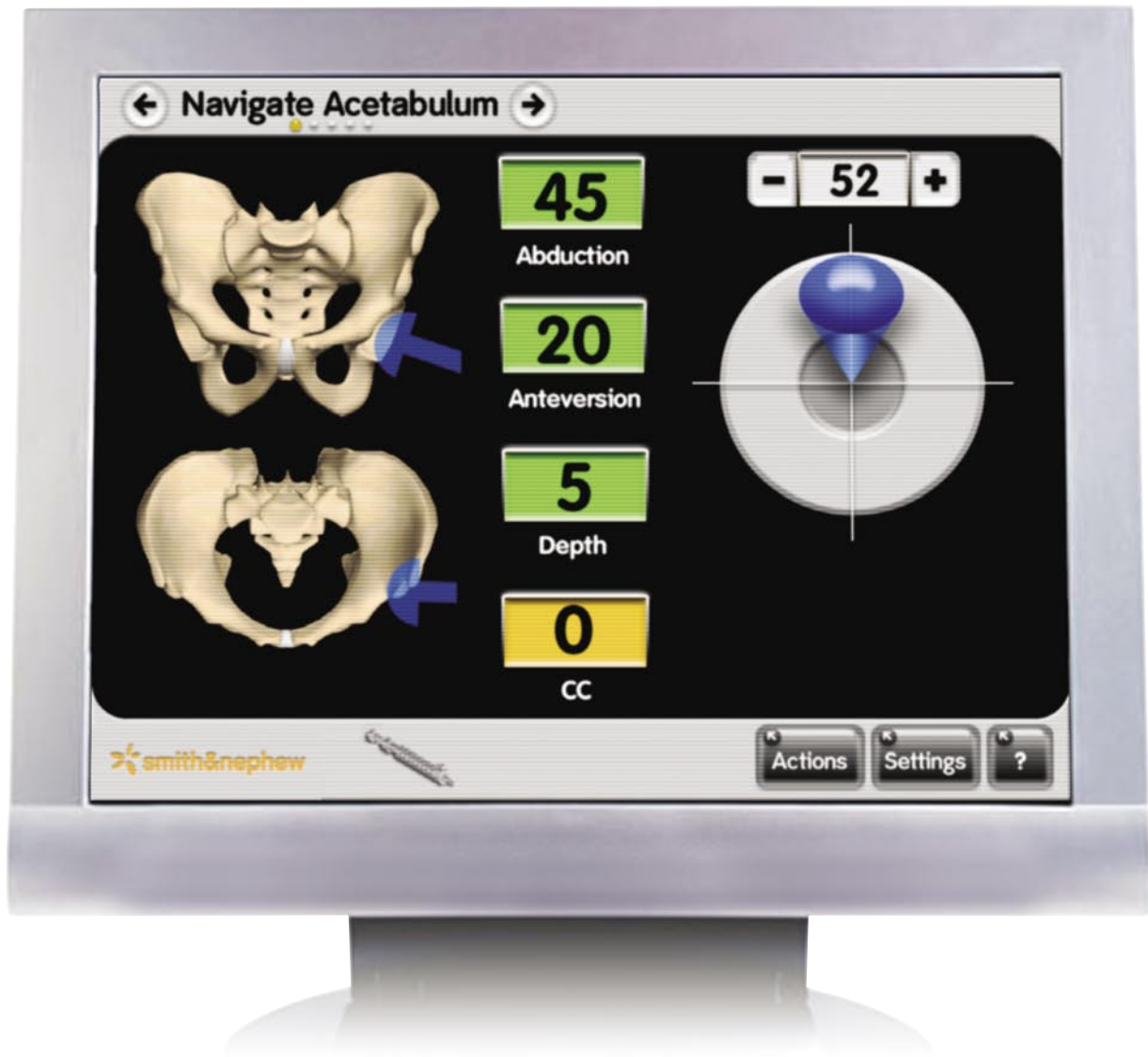


CAS CPT® III Coding And Reimbursement



Category III CPT Codes **CPT +0054T** **CPT +0055T** **CPT +0056T**

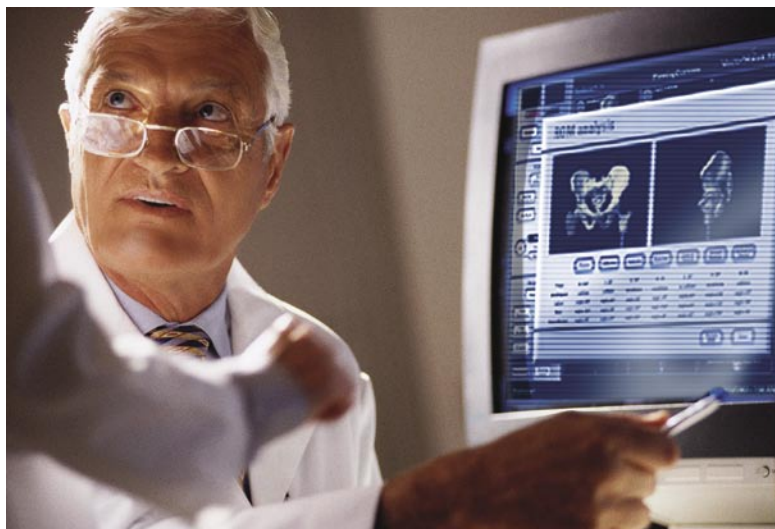
AchieveCAS Overview

Computer Assisted Surgery (CAS) is an emerging technology designed to enhance traditional orthopaedic surgery, such as total hip & knee arthroplasty and certain trauma procedures. Such enhancements may lead to increases in surgical accuracy and efficiency, decreased radiation exposure, fewer post-op complications and revisions, and faster patient recovery.

Smith & Nephew AchieveCAS systems are created to improve patient outcomes and increase surgeon confidence in minimally invasive techniques.

As with most emerging technologies, there may be healthcare insurance coverage and reimbursement challenges that need to be addressed. A CPT Coding, Coverage and Reimbursement Guide (7448-7079) is available to surgeons with an overview of the current reimbursement environment for orthopaedic Computer Assisted Surgery and information to promote positive coverage decisions by Medicare and private insurers.

Information on CPT III Codes is posted on the AMA website at <http://www.ama-assn.org/ama/pub/article/3885-4897.html>



Emergence of CPT III Codes

Medicare and commercial payers rely on CPT (Current Procedural Terminology) codes to administer the management of claims processing for specific surgical and medical procedures and services. These codes are developed and maintained by the AMA with input from a number of physician specialty groups. Most traditional orthopaedic surgical procedures have established specific CPT Category I Codes (also known as CPT I Codes).

Because of ongoing medical advances, some procedures have not yet been designated with a permanent CPT I Code. To address some of the problems associated with reporting new technology with Category I "unlisted" procedures codes, the AMA developed a new section known as the Category III CPT Codes (or more simply, CPT III Codes). AMA guidelines suggest that if an appropriate Category III Code is available, this Code must be reported instead of a Category I "unlisted code".

CPT III Codes

Effective January 1, 2004, providers should report Computer Assisted Surgery for orthopaedics using the appropriate CPT III codes shown here.

CPT Category III Codes are "add-on" codes rather than primary codes. As such, the appropriate CAS Orthopaedic CPT III code, in addition to the primary procedural CPT I Code, should be used to report an orthopaedic Computer Assisted Surgery procedure.

For Medicare, medical necessity of these procedures is determined by contractors who are designated by the Centers for Medicare and Medicaid Services (CMS) to process claims on behalf of the Medicare program.

CPT +0054T

Computer-assisted musculoskeletal surgical navigational orthopaedic procedure, with image-guidance based on **fluoroscopic images** (List separately in addition to code for primary procedure)

CPT +0055T

Computer-assisted musculoskeletal surgical navigational orthopaedic procedure, with image-guidance based on **CT and MRI images** (List separately in addition to code for primary procedure)

CPT +0056T

Computer-assisted musculoskeletal surgical navigational orthopaedic procedure, **image-less** (List separately in addition to code for primary procedure)

CAS CPT III Code Resource List

When reporting a CAS orthopaedic procedure using a CPT III Code, payers may require documentation about the procedure and its medical appropriateness for the patient with respect to his/her unique clinical circumstances. This should accompany the claim.

Listed below is suggested information that may facilitate the claims review process:

- Pre-authorization documentation (if pre-authorization is required)
- Description of the nature, extent and need for the procedure
- Other relevant patient-specific information (such as complexity of symptoms, concurrent problems, etc.)
- Resources (surgeon time, etc.) used to provide the procedure
- Details about the CAS procedure and its clinical use

The AchieveCAS Reimbursement Guide (7448-7079) includes some suggestions that can be used to facilitate claims filing for Computer Assisted Surgery in orthopaedic procedures. Additional materials may be found in the Smith & Nephew AchieveCAS CPT III Coding and Reimbursement Resource Kit (7448-7077), including the following:

CAS Navigation Cost Resource Worksheets

These worksheets can help delineate resources and associated costs used in conjunction with CAS procedures. Payers may need an understanding of the resources used for the CAS procedure in order to evaluate the amount of reimbursement.

Description of Computer Assisted Systems and Procedures in Orthopaedics

This will help to educate the payer on CAS concepts and the procedure.

Bibliography

A list of benchmark journal articles to provide payers with support for the medical efficacy of Computer Assisted Surgery in orthopaedic applications.

Claims submissions & appeal letters

Sample cover letters to accompany claims filed for these procedures.

CAS CPT III Submission Attachments

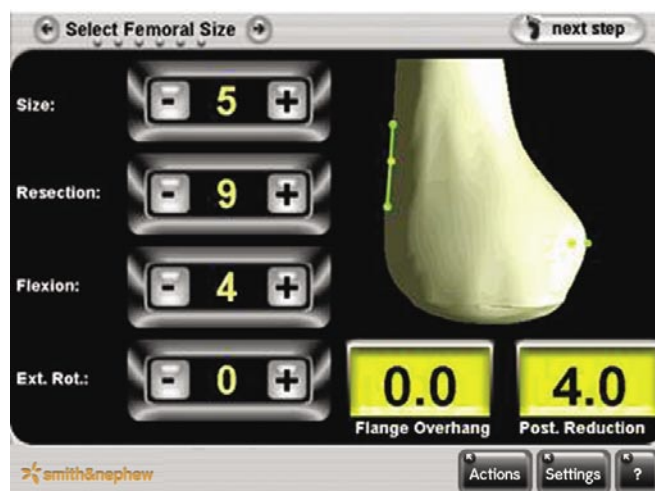
Initial claims submission sample letter

Some insurers may not be sufficiently familiar with the use of Computer Assisted Surgery for orthopaedic procedures and may require that additional information accompany your submission of initial claims for reimbursement. A sample letter is available that may serve as a useful example in describing procedures, as well as providing a brief summary of clinical benefits. Please note that in requesting and obtaining insurer reimbursement, it is critical that you clearly establish why Computer Assisted Surgery is the most appropriate treatment for your individual orthopaedic patient with respect to their unique clinical circumstances.

Appeal of denied claims sample letter

In the event that your claim for surgical Computer Assisted Surgery is denied by an insurer, consider the following steps:

- Check to ensure that there are no clerical errors on the claim.
- If the claim was denied due to non-coverage of the procedure, contact the payer medical director to discuss.
- If appropriate, write a formal appeals letter to the payer's medical director. (See sample attached with Guide.) Send the letter by express mail, and follow-up with the payer's medical director within 24 hours after receipt.



Computer Assisted Surgery

Supporting Literature

The following is a listing of articles appearing in clinical journals regarding computer assisted orthopaedic surgery to help in supporting third party payer review of medical effectiveness.

- A. Delp SL, Stulberg SD, Davies B, Picard F, Leitner F. Computer assisted knee replacement. *Clinical Orthopaedics & Related Research* 1998; 354:49-56.
- B. DiGioia, A 3rd, Jaramaz, B, Plakseychuk, A, Moody J, Nikou, C, LaBarca, R, Levison, T, Picard, F. Comparison of a mechanical acetabular alignment guide with computer placement of the socket. *The Journal of Arthroplasty* 2002; vol 17, Issue 3: 359-364.
- C. Jaramaz, B, DiGioia A 3rd, Blackwell M, Nikou C. Computer assisted measurement of cup placement in total hip replacement. *Clinical Orthopaedics & Related Research* 1998; 354:70-81.
- D. Jenny JY, Boeri C. Computer-assisted implantation of total knee prostheses: a case-control comparative study with classical instrumentation. *Computer Aided Surgery* 2001; 6:217-220.
- E. Krackow K, Serpe L, Phillips M, Bayers-Thering M, Mihalko W. A new technique for determining proper mechanical axis alignment during total knee arthroplasty: progress toward computer-assisted TKA. *Orthopaedics* 1999; 22(7):698-702.
- F. Leenders T, Vandevelde D, Mahieu G, Nuyts R. Reduction in acetabular cup abduction using Computer Assisted Surgery: a prospective and randomized study. *Computer Aided Surgery* 2002; 7(2):99-106.
- G. Cowl A, Kahler D. Closed education and percutaneous fixation of anterior column acetabular fractures. *Computer Aided Surgery* 2002; 7:169-178.

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