

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

| CPT Code ¹ | Descriptor | Physician (in facility) payment ² | Hospital Outpatient Payment ³ | ASC Payment ³ |
|--|--|--|--|--------------------------|
| Select Tendon Repair Procedures of the Shoulder, Including Rotator Cuff | | | | |
| 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 | - |
| Select Tendon Repair Procedures Involving the Knee, Including Patellar Tendon | | | | |
| 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 | - |
| Select Tendon Repair Procedures of the Ankle, Including Achilles Tendon | | | | |
| 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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² 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.

³ 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.

| 2010 Medicare National Unadjusted Average Hospital Inpatient Payment Rates for Select MS-DRGs¹ | | |
|--|--|-----------------------|
| MS-DRG | Descriptor | MS-DRG Payment |
| 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 |
| Possible ICD-9-Procedure Codes | | |
| 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 | |

¹ 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.