

BONE AND TENDON GRAFTS WITH KNEE SURGERY

Policy # 27

Implementation Date: 10/1/03

Revision Dates: 5/1/06, 9/16/14

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

In anterior and posterior cruciate ligament reconstructions, a graft is used to replace the ligament. The most common grafts are auto-grafts (patellar tendon and hamstring tendon). The harvesting and insertion of these grafts are included in ligament reconstruction (open or arthroscopically).

Commercial Plan Policy

SelectHealth **will not reimburse tendon and/or bone grafts separately when done with** open or arthroscopic knee ligament repairs/reconstructions. If, however, the tendon is obtained from a distant site, such as the opposite leg, reimbursement may be made on appeal if the documentation supports the additional payment.

Current Procedural Terminology (CPT) and the American Academy of Orthopedic Surgeons (AAOS) have guidelines stating when the reporting of grafts is appropriate. In the case of these knee procedures, AAOS specifically states the "harvesting and insertion of fascial, tendon, or bone graft" is included in arthroscopic anterior cruciate ligament repair/reconstruction and posterior cruciate repair/reconstruction.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy**

SelectHealth Community Care (Medicaid)

SelectHealth Community Care **will follow the commercial plan policy**

Applicable Codes

Codes	Descriptions
20902	Bone graft, any donor area; major or large
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)

27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
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Sources

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
3. CPT® Assistant. (2001, August 1). Learning by Example: CPT Code 29889. pp. 8. Retrieved September 15, 2014.

Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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