

MC RAN 8 & MC RAN 8T Description

There are two separate needles that are included in the Marrow Cellutions system. The shorter introducer needle can be used individually to harvest a bone dowel or bone button through a separate skin incision. Certain accessory retrieval spoons and pusher rods are used to harvest the bone dowel. The longer aspiration needle in tandem with the short introducer needle can then be used to aspirate marrow. Marrow is aspirated through the longer aspiration needle. All of the different components to harvest each tissue, bone dowel and bone marrow aspirate are included with in the Marrow Cellutions System kit (part # MC RAN 8 or MC RAN 8T.)

Reimbursement:

Generally, autogenous bone graft taken for transplantation, any donor area, taken through a separate skin incision, to obtain a minor or small (e.g. dowel or button of bone) is eligible for reimbursement. Harvesting of bone marrow aspirate for bone grafting through a separate skin incision can also be submitted for reimbursement. In cases where a bone dowel or button and marrow aspirate are taken from the same skin incision, only the bone dowel or button is typically submitted because it is taken first. Consequently, each of these two separate procedures using the different components of the kit, under appropriate circumstances, can be eligible for reimbursement.

Spine Only

When taking autogenous bone from the iliac crest for transplantation, a separate add on code for the physician is submitted separately and in addition to the code for the primary procedure used; the separate add on code is CPT code 20937. For this procedure, a different add on code is available for the facility, depending on the details of the case. CPT code 20937 Description: Autograft for spine surgery only, includes harvesting the graft, morselized (through separate skin or fascial incision)

For example, CPT code 20937 in Conn will pay approximately \$200 under Medicare and \$400 for workers comp to the physician.

CPT code 38220 defines the work associated with the harvest of bone marrow aspirate for bone grafting. For example, this code in Conn will pay approximately \$90 to the physician under Medicare. When CPT code 38220 is used in combination with 20937, a modifier is needed (59)

Osteonecrosis

In the case of Osteonecrosis, a hip decompression is often done. A bone dowel taken from the iliac crest can be inserted under the femoral head after infusion of marrow aspirate through the access trocar. The AMA CPT guide states that core decompression of the femoral head should be reported using the unlisted code 27299. The code 27170 ((bone graft, femoral head, neck intertrochanteric or sub trochanteric area (includes obtaining bone graft which covers placement / attachment of the fibular bone graft and cancellous bone graft into the cavity

created in the femoral head)) could represent a component of the procedure under 27299. The aspirate portion of the procedure would need to be separately billed under CPT code 38220 only if a separate incision from the one made to get the dowel is made to obtain the aspirate.

General Orthopedics

Generally, bone graft code 20900 is used for autogenous bone, any donor area, taken through a separate incision, minor or small e.g. dowel or button. This procedure is separately reportable only when the graft material is an autograft and is obtained through a separate incision and not listed as part of the basic procedure. The aspirate portion of the procedure would need to be separately billed under CPT code 38220 only if a separate incision from the one made to get the dowel is made. If a single incision is made for both the bone dowel and aspirate, generally the bone dowel portion is submitted for reimbursement. For example, if working in the calcaneus, and you take a bone dowel going forward, then after retrieving the dowel with the spoon, you assemble the aspiration cannula and aspirate as you come back, the aspiration would not be submitted because you did not make a separate incision. However, if you went to a new site and performed the aspirate, then it would be eligible under appropriate circumstances. For example, code 20900 pays approximately \$475 (Medicare) to the physician in the state of Conn for various orthopedic cases and 38220 when billed separately pays approximately \$90 (Medicare) to the physician

It would be inappropriate to separately report codes 20900 with many of the grafting codes most commonly used by oral and maxillofacial surgeons (such as 21210 and 21215) or for non -union under 27724 since they contain the phrase "includes obtaining graft". Thus the taking of the graft material is covered by a more inclusive code encompassing multiple elements of the procedure.

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