



CoNextions[®]
Revolutionizing Tendon Repair[®]

**2024 Coding and Reimbursement
Guide for CoNextions TR[®] Tendon
Repair System for use in Tendon Repair
Procedures of the Hand and Wrist**

2024 Coding and Reimbursement Guide for CoNextions TR® Tendon Repair System for use in Tendon Repair Procedures of the Hand and Wrist

This guide has been developed to assist facilities and physicians in coding for procedures related to the use of the CoNextions TR System. These procedures may be a covered service if they satisfy the requirements of Medicare and private payers.

Facility Services

Outpatient Services

Medicare reimburses outpatient hospital and Ambulatory Surgery Centers (ASC) under the Outpatient Prospective Payment System (OPPS), which bases payment on Ambulatory Payment Classifications (APCs) and ASC Payment Groups. Services are reported with Current Procedural Terminology (CPT®) codes. The national average for outpatient Medicare payments for common tendon repair procedures of the hand and wrist are listed below.

CPT® Code	Description	APC	2024 Hospital Outpatient Relative Weights	2024 Hospital Outpatient-Medicare National Payment Average	2024 Ambulatory Surger Center Relative Weights	2024 Ambulatory Surgical Center-Medicare National Payment Average
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	5114	78.0061	\$6,816.33	63.3954	\$3,392.54
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg. No man's land); primary or secondary without free graft, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg. No man's land); primary or secondary with free graft (includes obtaining graft), each tendon	5114	78.0061	\$6,816.33	63.3954	\$3,392.54
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. No man's land); primary without free graft, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. No man's land); secondary without free graft, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. No man's land); secondary with free graft (including obtaining graft), each tendon	5114	78.0061	\$6,816.33	63.3954	\$3,392.54
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75



CPT® Code	Description	APC	2024 Hospital Outpatient Relative Weights	2024 Hospital Outpatient-Medicare National Payment Average	2024 Ambulatory Surger Center Relative Weights	2024 Ambulatory Surgical Center-Medicare National Payment Average
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (including obtaining graft), each tendon	5114	78.0061	\$6,816.33	63.3954	\$3,392.54
26373	Repair or advancement of profundus tendon, with intact superficialis tendon secondary without free graft, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	5112	17.5245	\$1,531.33	15.3033	\$818.94
26412	Repair, extensor tendon, hand, primary or secondary, with free graft (includes obtaining graft), each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26418	Repair, extensor tendon, finger, primary or secondary, without free graft, each tendon	5112	17.5245	\$1,531.33	15.3033	\$818.94
26420	Repair, extensor tendon, primary or secondary, with free graft (includes obtaining graft), each finger	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26476	Tendon lengthening, extensor, hand or finger, single, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26477	Tendon shortening, extensor, hand or finger, single, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26478	Tendon lengthening, flexor, hand or finger, single, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75
26479	Tendon shortening, flexor, hand or finger, single, each tendon	5113	35.2937	\$3,084.03	28.3804	\$1,518.75

Hospital Inpatient Services

Medicare uses MS-DRGs (Medicare Severity Diagnosis Related Groups) to determine payment for inpatient hospital services under the Inpatient Prospective Payment System (IPPS). The MS-DRGs and Medicare national average payments for tendon repair procedures of the hand and wrist procedures are listed below.

MS-DRG Code	Description	2024 Relative Weights	2024 Medicare National Average Payment
500	Soft tissue procedures with MCC	3.2428	\$22,704.79
501	Soft tissue procedures with CC	1.7357	\$12,152.68
502	Soft tissue procedures without CC/MCC	1.3827	\$9,681.11
513	Hand or wrist procedures, except major thumb or joint procedures with CC/MCC	1.6210	\$11,349.59
514	Hand or wrist procedures, except major thumb or joint procedures without CC/MCC	1.0415	\$7,292.17
906	Hand procedures for injuries	1.8816	\$13,174.21
907	Other O.R. procedures for injuries with MCC	3.7195	\$26,042.45
908	Other O.R. procedures for injuries with CC	2.0041	\$14,031.91
909	Other O.R. procedures for injuries without MCC/CC	1.3563	\$9,496.27
957	Other O.R. procedures for multiple significant trauma with MCC	7.2325	\$50,639.07
958	Other O.R. procedures for multiple significant trauma with CC	4.0448	\$28,320.07
959	Other O.R. procedures for multiple significant trauma without CC/MCC	2.5324	\$17,730.85

ICD-10 Procedure Codes

Medicare use The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (PCS) codes to identify diagnoses and procedures in the hospital inpatient setting. Hospitals must report the principal diagnoses using the appropriate ICD-10-CM code as well as any secondary diagnoses. The principal diagnosis is defined as “That condition established after the study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.” In the Uniform Hospital Discharge Data Set (UHDDS). ICD-10-CM codes should be reported to the highest level of specificity available. ICD-10-CM diagnosis codes associated with tendon conditions of the hand and wrist are provided below.

ICD-10-CM Code	Description (see current ICD-10-CM book for complete description)
S66.021A-S66.029S	Laceration of flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.120A-S66.129S	Laceration of flexor muscle, fascia and tendon of the digits at wrist and hand level
S66.221A-S66.229S	Laceration of extensor muscle, fascia and tendon of thumb at wrist and hand level
S66.320A-S66.239S	Laceration of extensor muscle, fascia and tendon of the digits at wrist and hand level
S66.421A-S66.429S	Laceration of intrinsic muscle, fascia and tendon of thumb at wrist and hand level
S66.520A-S66.529S	Laceration of intrinsic muscle, fascia and tendon of the digits at wrist and hand level
S66.821A-S66.829S	Laceration of other specified muscle, fascia and tendon of thumb at wrist and hand level
S66.920A-S66.929S	Laceration of unspecified muscle, fascia and tendon of the digits at wrist and hand level
S56.021A-S56.029S	Laceration of flexor muscle, fascia and tendon of thumb at forearm level
S56.121A-S56.129S	Laceration of flexor muscle, fascia and tendon of the digits at the forearm level
S56.221A-S56.229S	Laceration of other flexor muscle, fascia and tendon at the forearm level
S56.321A-S56.329S	Laceration of extensor or abductor muscles, fascia and tendons of the thumb at the forearm level
S56.421A-S56.429S	Laceration of extensor muscle, fascia and tendon of the digits at the forearm level
S56.521A-S56.529S	Laceration of other extensor muscle, fascia and tendon at forearm level
S56.821A-S56.829S	Laceration of other muscles, fascia and tendons at forearm level
S56.921A-S56.929S	Laceration of unspecified muscles, fascia and tendons at forearm level

For patient admissions involving procedures, hospitals must report ICD-10-PCS procedure code(s) for the surgical and other procedures and the ICD-10-CM diagnosis codes. ICD-10-PCS procedure codes associated with tendon repair procedures to the hand and wrist are provided below.

ICD-10-PCS Code	Description (see current ICD-10-PCS book for complete description)
0LQ70ZZ	Repair Right Hand Tendon, Open Approach
0LQ80ZZ	Repair Left Hand Tendon, Open Approach
0LQ50ZZ	Repair, Right Lower Arm and Wrist Tendon Open Approach
0LQ60ZZ	Repair, Left Lower Arm and wrist Tendon, Open Approach

Physician Services

CPT codes and Medicare Physician Fee for Schedule values for common tendon repair procedures of the hand and wrist are provided below.

CPT [®] Code	Description	2024 Work Relative Value Unit	2024 National Medicare Payment Rate-Facility
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	8.04	\$645.78
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	8.04	\$645.78
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	6.17	\$504.64
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	7.21	\$570.88
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	7.39	\$576.54
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg. No man's land); primary or secondary without free graft, each tendon	6.21	\$756.29
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg. No man's land); primary or secondary with free graft (includes obtaining graft), each tendon	7.87	\$840.84
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. No man's land); primary without free graft, each tendon	9.56	\$807.22
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. No man's land); secondary without free graft, each tendon	11.00	\$903.76
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. No man's land); secondary with free graft (including obtaining graft), each tendon	12.60	\$995.63
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	7.28	\$791.91
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (including obtaining graft), each tendon	9.01	\$924.39
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	8.41	\$889.77
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	4.77	\$609.49
26412	Repair, extensor tendon, hand, primary or secondary, with free graft (includes obtaining graft), each tendon	6.48	\$724.34
26418	Repair, extensor tendon, finger, primary or secondary, without free graft, each tendon	4.47	\$633.79
26420	Repair, extensor tendon, primary or secondary, with free graft (includes obtaining graft), each finger	6.94	\$751.63
26476	Tendon lengthening, extensor, hand or finger, single, each tendon	5.35	\$653.43
26477	Tendon shortening, extensor, hand or finger, single, each tendon	5.32	\$638.12
26478	Tendon lengthening, flexor, hand or finger, single, each tendon	5.97	\$666.75
26479	Tendon shortening, flexor, hand or finger, single, each tendon	5.91	\$685.39



Sources:

Sources: Calendar Year 2024 Medicare Outpatient Prospective Payment System, Proposed Rule (CMS-1786-F) and its associated addenda. Calendar Year 2024 Physician Fee Schedule, Proposed Rule (CMS-1784-F) and its associated addenda. Calendar Year 2024 Medicare Inpatient Final Rule (CMS-1785-F) and its associated addenda. No geographic adjustments have been made to the reported payment rates.

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