

AAOS Recommendations: A Specialty Care Reimbursement Model to Operationalize Value-based Care for Musculoskeletal Conditions

*Prepared and Reviewed by AAOS Healthcare Systems Committee
Karl M. Koenig, Chair*

Acknowledgement and Additional Author credits:

“Developing High Value Condition Based Bundled Episode Payment and Practice Models for Musculoskeletal Care: A Playbook”

Developed by:

The Consortium for the Next Generation Alternative Payment Models **

Kevin Bozic

Mark Japinga

Prakash Jayakumar (Lead Author)

Chad Mather

Mark McClellan

Jonathan O'Donnell

**The Consortium for the Next Generation of Alternative Payment Models is a multi-stakeholder coalition spear-headed by leaders from The University of Texas at Austin, Dell Medical School, Austin TX, Duke Margolis Center for Health Policy, Washington D.C; and Duke University Health System, Durham, NC.

Contents

- A. Executive Summary**
- B. Discovery: Discovering the Nature, Scale, and Opportunity**
- C. Definition: Defining an Analytical Approach**
- D. Development: Developing the Model Specifications**
- E. Delivery: Delivering the Transformation**

A. Executive Summary

In response to the Center for Medicare and Medicaid Services Innovation (CMMI) initiatives in the space of value-based payment reform, the American Academy of Orthopaedic Surgeons (AAOS) and physician leaders have worked closely to develop recommendations toward advancing high value orthopaedic payment and practice models. With the end goal of moving away from dominant traditional fee-for-service models, the most prolific step to date is the sharing of risk on the total cost of care with health systems through accountable care organizations (ACOs). Building on this foundation, the challenge then remains to develop a structure by which ACOs and primary care providers can interact with musculoskeletal specialists and teams in a meaningful way. This can be achieved by creating opportunities to reward the practice of evidence-based, high value, cost-efficient care for patients.

ACOs have matured at the primary care level, and many are on the road to improving quality of care for their populations through enhanced coordination and comprehensive chronic and complex disease management while sharing savings and lowering costs. However, ACOs still face challenges when it comes to organizational transformation around specialty care. At the specialty level, procedure-based bundled episode payment models, such as those involving total joint replacement surgery for osteoarthritis (OA) of the hip or knee, have been met with limited success. Cost reductions have been achieved through reductions in utilization (e.g., post-acute care), while maintaining but not substantially improving, clinical outcomes. Ultimately such models were never directly configured to address procedural appropriateness, or the provision of timely, equitable, and comprehensive specialized care, nor tailored to meet the holistic needs of diverse populations with a view to improving their health outcomes more broadly. In essence, the goal of true value for patients with specialized conditions has yet to be realized.

Momentum is building among stakeholders in health care to shift the status quo toward a whole person approach that considers the patient's condition alongside their preferences, values, and needs (characterized as "Comprehensive Condition-Based Care"). This shift promises to support and incentivize the reorganization of musculoskeletal care into multidisciplinary teams that aim to deliver more coordinated and efficient management of conditions across the full cycle of care. Most health systems currently perform "non-operative care" on the backdrop of primary care providers with insufficient support systems and/or training in managing musculoskeletal conditions. This often leads to a myriad of unnecessary imaging studies, non-value-added interventions, and delays to patient care. Once the PCP has exhausted their capabilities in caring for a particular condition, they are expected to navigate a broad portfolio of specialists and subspecialists

who are all working under different sets of incentives and payment infrastructures. One logical approach to solving this issue is to incentivize care through condition-based payments with the aim of driving reorganization and model redesign on the specialty front. The end goal for ACOs would be early referral of these patients into the sphere of efficient, high quality specialty care teams without a concern that such patients will immediately become “high cost,” but instead confidence that they will receive high value care.

In a comprehensive condition-based payment, a team of providers is paid a contracted rate to provide all care for a specified medical condition (or set of conditions) while holding themselves accountable to outcome measures relevant to that condition. The team is therefore incentivized to deliver high-value care throughout the entire cycle of the condition, including appropriate decision-making around when to proceed with surgical or non-surgical interventions. Such a system offers multiple positive effects on the delivery of care for musculoskeletal conditions. During our time conceptualizing value-based payment reform initiatives, as ‘The Consortium for the Next Generation of Alternative Payment Models’, we have identified a comprehensive set of considerations for condition-based care that should be addressed by stakeholders attempting to collaboratively build such models. These considerations have been framed as a design process of discovering the nature, scale, and opportunity; defining an analytical approach; developing model specifications fit for practice; and delivering the transformation.

B. Discovery: Discovering the Nature, Scale, and Opportunity

Stakeholders should get a sense of the nature, scale, and opportunity (clinical, financial, and experiential) of a new business model centered on a high value condition-based payment program. A first step is to define who is going to participate in building the most effective program before understanding how a new program fits among competing priorities within the organization and appreciating the potential challenges faced in specifying and building the requirements for such a program.

Who is Going to Participate and How?

Multiple stakeholders – whether payer, provider, or vendor – can spark the transformation toward high value musculoskeletal care and should remain steadfast in motivating others to join forces. Orthopaedic surgeons must be at the forefront of this change and either lead or be heavily involved with these teams because we have the highest level of training and often provide the full breadth of evidence-based treatment options for a given musculoskeletal condition. Expertise in the full spectrum of treatments allows the team to reduce unnecessary diagnostic testing that does not change treatment, reduces non-value-added interventions for patients, and provides timely evaluation and intervention when surgical treatment is the best answer. Having the full suite of evidence-based options catalyzes efficiency across the system and maximizes value from the patient perspective (which is our primary goal).

A team delivering condition-based care must have “all the tools in their toolbox” to avoid unnecessary delays in access and treatment. Depending on the condition, the clinical team structure may vary and includes a multitude of musculoskeletal providers such as

Orthopaedic surgeons, rheumatologists, primary care sports medicine specialists, physical therapists, physiatrists, associate providers, podiatrists, chiropractors, prosthetist/orthotists, dieticians and mental health providers.

Should our team participate? Gaining a broader understanding of participating entities across the stakeholder groups and the base configuration of the contracting arrangement will enable the design of a program that is fit for purpose. Are we confident we will collectively have the people, resources, creativity, and capabilities to successfully implement condition-based care and most importantly the belief that this is ultimately better care? If not, then working with another entity to convene and manage comprehensive, condition-based payments on a larger scale may be the best entry point.

Scoping Exercise

We recommend an initial scoping exercise to concretely identify the affected patient population, geographical distribution, key stakeholders / service providers, affected membership count (including identified payer segments), and estimate of medical expenses for affected members. The most obvious candidates for a Medicare population would be “Knee Pain/Knee Osteoarthritis” or “Low Back Pain/Degeneration”. Given the previous experience with procedure bundles in these conditions, prior experience can facilitate the genesis of a pilot program.

Clear gaps and opportunities for improvement should be articulated, such as suboptimal utilization, deficiencies in existing care pathways, outcomes assessed, issues of access and health equity, and affordability of care.

C. Definition: Defining an Analytical Approach and Assumptions

It is important to define an analytical approach and set expectations on analytical outputs early as part of the cycle of evidence generation that will fuel program configuration, implementation, and scaling. From this point onward, we illustrate recommendations and a framework with the management of knee pain/knee osteoarthritis in general (secondary to degenerative joint disease). Ideally, this phase should also accompany an actuarial model of the targeted population to identify reasonable financial constructs and targets.

1. Condition Scope
Knee pain, degeneration, and derangement <ul style="list-style-type: none">- Osteoarthritis- Meniscal tear
2. Condition Scope – Exclusions
Exclude <ul style="list-style-type: none">- Malignancy (primary or metastatic)

- Post-traumatic Arthritis (Motor vehicle accidents, trauma, intra-articular fracture)
- Autoimmune arthrosis (e.g., Rheumatoid arthritis, lupus) or other inflammation

3. Diagnostic Coding

Global MSK codes (ICD-10) – the partnership intent is to effectively capture all relevant MSK diagnoses together (e.g., Knee Osteoarthritis (side specific), Mensical Tear, Sprain/Strain, etc). (See Appendix)

A separate consideration is to include pain diagnoses that are later confirmed with an Eligible MSK Diagnosis. (e.g., member diagnosed with knee OA, but presented with knee pain 2 months prior - therefore, include all related Knee Pain services during that 2-month interim period). Such relevant services for pain episodes that lead to a diagnosed clinical condition (e.g., E&M, imaging, rehabilitation) could reasonably be included for maintaining accountability.

4. Service Scope

Type of service (some or all)

1. All related E&M codes for musculoskeletal providers
2. Specific CPT codes (e.g., surgery, physical therapy, anesthesia)
3. Capture but “bucket” lower value interventions (e.g., MRI, hyaluronic acid, arthroscopy)

Geographic

1. Zip code / county level
2. State level
3. MSA level
4. Other strategic level

Place of service (some or all)

1. Inpatient
2. Outpatient
3. Office
4. Ambulatory Surgical Center (ASC)
5. ED

Illustration

Include all CPT codes that evidence an eligible diagnosis (defined earlier by Scope considerations) within a prespecified claim level (e.g., first four positions), at any Place of Service, in as wide a geography as feasible. More is better to create critical mass for clinicians, patients, and finances (practice revenue potential, medical expense savings potential; spread out fixed costs for everyone for this transformation). (See Appendix H).

5. Performance Evaluation

Performance Start-Stop

1. Performance Year – predefined 12-month period wherein APM eligibility, attribution, and accountability are adjudicated. Most obvious is calendar year (January 1 – December 31).
2. Episode basis – member-specific starting date when initial eligible diagnosis / Trigger starts. Unique for each member (e.g., one member on March 13, another on April 3, etc)

Duration of Performance

1. 90 days
2. 6 months

3. 12 months

Illustration

12-month performance year on a calendar year basis with 90 day and 6-month evaluations

Outcomes Reporting:

1. Patient-reported Pain/Function: participation requires the incorporation of knee specific PRO scores and aggregate reporting at 6 months and 12 months (for accountability rather than comparison across participants). KOOS JR is currently used most broadly.
2. Clinical: Utilize current clinical outcome metrics reporting for surgical patients (readmissions, reoperations)

Define and Communicate Savings Assumptions

Based upon the analytical approach and analytical outputs, the participating service provider(s) should be able to use the data to specify a) where they identify the opportunity, b) how they approach that identified opportunity in their service delivery configuration, and c) the projected magnitude of impact on outcomes related to quality, finances, and / or experience.

For example, illustrative opportunities in musculoskeletal care are shown in the table below where impact can be generated around utilization (increase high value and decrease low value strategies), intensity (reduce the intensity of utilization of specific strategies), locus of services (shift the location of services to enable more convenience, quality, experience while reducing cost).

Opportunity Area	Approach	Projected area / magnitude of Impact
Injections	Reduce utilization (e.g., hyaluronic acid) and reduce intensity (e.g., steroid)	Financial
Advanced Imaging	Reduce utilization (e.g., MRI) and reduce intensity (e.g. Frequency of x-rays)	Financial
Rehabilitation	Shift locus of services to self-management at home; Reduce utilization of post-acute care; Increase utilization of exercise therapy, education, and self-management	Financial / Quality / Experience
Pain education and behavioral health management	Increase assessments of mental / behavioral health, train in coping strategies, health coaching, psychological interventions	Financial / Quality / Experience
Overall visits	Reduce number of outpatient visits	Financial / Experience
Surgery	Reduce inappropriate surgical utilization and increase appropriate surgical selection through shared decision-making	Financial / Quality / Experience

Broad statements of savings assumptions e.g., “15% savings on musculoskeletal-related costs” should be validated and articulated lever-by-lever by both payer and provider, including actuarial associates from each. These assumptions should be founded upon the payer’s actual membership population and the provider’s current or desired-future membership reach, as well as incorporate program engagement assumptions e.g., 15% savings on 10% engaged members in a given year over 100,000 lives by specific geographies.

C. Develop

Program Pricing
<p>Key Q. What should the episode price be inclusive of and what are withholding criteria?</p> <p>Key Points. The price is inclusive of:</p> <ul style="list-style-type: none"> - Historical per-patient annual spend on relevant services (according to the program specifications regarding included ICD-10s, CPTs, sites, types, provider, geographies, lines of business, etc.,)
<p>MSK Illustration</p> <p>Include surgical professional fee distributed across all patients as fraction of utilization rate (e.g., \$1000 fee, 15% utilization rate = \$150 added to each per-member per-period payment</p> <ul style="list-style-type: none"> - For the related-but-separate surgical bundle, there will exist a separate target price (less the surgical professional fee) <p>Apply withholds for 1) episode completion / attribution and 2) quality measurement Balance provider-specific and multi-provider / regional utilization history Also need to include correction for under-utilization of relevant services (e.g., nutrition, mental health)</p>
Type and Level of Risk
<p>Key Q. What are the key considerations around type and level of risk?</p> <p>Key Points. Likely begin with initial upside for 1-2 years, introduce downside years 2-3 and beyond, moving eventually toward risk-adjusted capitated payment. Scope of risk to be defined by Program Parameters (diagnosis, service, site, type, provider, geography, etc.,).</p>

D. Delivery: Delivering the Transformation

With the incentive of appropriate condition-based payments as an organizing principle, a variety of different structures will be viable. Time and experience will yield the most efficient structures and the system will adjust appropriately.

Multidisciplinary MSK Practices: Many such practices currently exist who could take on a condition-based payment structure with minimal investment and adjustment. Often created by the expansion of Orthopaedic surgery groups, there are many examples of teams that already include Rheumatology, PMNR, Primary Care Sports, Physical Therapy, Podiatry, and Prosthetists/Orthotists. Such groups will be poised to take on pilot programs and prove the concept in conjunction with CMS. Internal reorganization will be required for many, but new capital investment and hiring could be minimized.

Fully integrated health systems: Broad Solutions engage with both providers and members to improve care delivery and assume deep global/total accountability for cost and quality. For members they may offer care management, navigation, education, and other virtual or in-person services. For providers they may offer service line management, care pathways, incentive structures, ancillary services.

Role of Market-based and digital health solutions:

Utilization management solutions can be denial or education-based to enable provider (and member) adherence to clinical practice guidelines. These entities can provide immediate value but may also trigger some friction with the provider community. Such solutions could be used to stimulate accountable entities to perform and / or accept substantial risk to dial down the utilization management, or even turn it off.

Point Solutions have rapidly expanded with a laser-focus on member experience and the delivery of coordinated, continuous, and convenient care for patients both in-person and through virtual care. Such solutions can provide relatively immediate value for health plans and accountable entities, with return on investment (ROI) guarantees. However, point solution coordination and integration with traditional provider networks is generally lacking at this time. In order to provide the full spectrum of care and take on a condition-based payment, these entities will need to partner with existing providers. This is another method of organization that will “naturally” create new entities and enable participation by smaller independent providers and practice groups.

Appendix: Included ICD-10 Codes for "Knee Pain/Knee Osteoarthritis" for Medicare Patients

M13861	Lower Extremity	Other specified arthritis, right knee
--------	-----------------	---------------------------------------

M13862	Lower Extremity	Other specified arthritis, left knee
M170	Lower Extremity	Bilateral primary osteoarthritis of knee
M1711	Lower Extremity	Unilateral primary osteoarthritis, right knee
M1712	Lower Extremity	Unilateral primary osteoarthritis, left knee
M1712	Lower Extremity	Unilateral primary osteoarthritis, left knee
M1712	Lower Extremity	Unilateral primary osteoarthritis, left knee
M174	Lower Extremity	Other bilateral secondary osteoarthritis of knee
M222X1	Lower Extremity	Patellofemoral disorders, right knee
M2241	Lower Extremity	Chondromalacia patellae, right knee
M23051	Lower Extremity	Cystic meniscus, posterior horn of lat mensc, right knee
M2341	Lower Extremity	Loose body in knee, right knee
M2341	Lower Extremity	Loose body in knee, right knee
M2341	Lower Extremity	Loose body in knee, right knee
M238X9	Lower Extremity	Other internal derangements of unspecified knee
M2392	Lower Extremity	Unspecified internal derangement of left knee
M24661	Lower Extremity	Ankylosis, right knee
M25462	Lower Extremity	Effusion, left knee
M25561	Lower Extremity	Pain in right knee
M25562	Lower Extremity	Pain in left knee
M67461	Lower Extremity	Ganglion, right knee
M7041	Lower Extremity	Prepatellar bursitis, right knee
M7121	Lower Extremity	Synovial cyst of popliteal space [Baker], right knee
M7122	Lower Extremity	Synovial cyst of popliteal space [Baker], left knee
M7122	Lower Extremity	Synovial cyst of popliteal space [Baker], left knee
M7651	Lower Extremity	Patellar tendinitis, right knee
M93261	Lower Extremity	Osteochondritis dissecans, right knee
M9689	Lower Extremity	Oth intraop and postproc comp and disorders of the ms sys
Q686	Lower Extremity	Discoid meniscus
S8001X D	Lower Extremity	Contusion of right knee, subsequent encounter
S83004A	Lower Extremity	Unspecified dislocation of right patella, initial encounter
S83004 D	Lower Extremity	Unspecified dislocation of right patella, subs encntr
S83200 D	Lower Extremity	Bucket-hndl tear of unsp mensc, current injury, r knee, subs
S83206A	Lower Extremity	Unsp tear of unsp meniscus, current injury, right knee, init
S83206 D	Lower Extremity	Unsp tear of unsp meniscus, current injury, right knee, subs
S83207A	Lower Extremity	Unsp tear of unsp meniscus, current injury, left knee, init
S83207 D	Lower Extremity	Unsp tear of unsp meniscus, current injury, left knee, subs
S83207S	Lower Extremity	Unsp tear of unsp meniscus, current injury, l knee, sequela

S83209A	Lower Extremity	Unsp tear of unsp meniscus, current injury, unsp knee, init
S83209D	Lower Extremity	Unsp tear of unsp meniscus, current injury, unsp knee, subs
S83221D	Lower Extremity	Prph tear of medial meniscus, current injury, r knee, subs
S83222D	Lower Extremity	Prph tear of medial meniscus, current injury, l knee, subs
S83231A	Lower Extremity	Complex tear of medial mensc, current injury, r knee, init
S83231D	Lower Extremity	Complex tear of medial mensc, current injury, r knee, subs
S83232D	Lower Extremity	Complex tear of medial mensc, current injury, l knee, subs
S83241D	Lower Extremity	Oth tear of medial meniscus, current injury, r knee, subs
S83242D	Lower Extremity	Oth tear of medial meniscus, current injury, left knee, subs
S83251A	Lower Extremity	Bucket-hndl tear of lat mensc, current injury, r knee, init
S83251D	Lower Extremity	Bucket-hndl tear of lat mensc, current injury, r knee, subs
S83261A	Lower Extremity	Prph tear of lat mensc, current injury, right knee, init
S83261D	Lower Extremity	Prph tear of lat mensc, current injury, right knee, subs
S83271A	Lower Extremity	Complex tear of lat mensc, current injury, right knee, init
S83281D	Lower Extremity	Oth tear of lat mensc, current injury, right knee, subs
S83411A	Lower Extremity	Sprain of medial collateral ligament of right knee, init
S83412A	Lower Extremity	Sprain of medial collateral ligament of left knee, init
S83422A	Lower Extremity	Sprain of lateral collateral ligament of left knee, init
S83521A	Lower Extremity	Sprain of posterior cruciate ligament of right knee, init
S838X2A	Lower Extremity	Sprain of other specified parts of left knee, init encntr
S8391XA	Lower Extremity	Sprain of unspecified site of right knee, initial encounter
S8392XA	Lower Extremity	Sprain of unspecified site of left knee, initial encounter
Z96651	Lower Extremity	Presence of right artificial knee joint
Z96652	Lower Extremity	Presence of left artificial knee joint
Z96653	Lower Extremity	Presence of artificial knee joint, bilateral
Z96659	Lower Extremity	Presence of unspecified artificial knee joint
M1710	Lower Extremity	Unilateral primary osteoarthritis, unspecified knee
M175	Lower Extremity	Other unilateral secondary osteoarthritis of knee
M179	Lower Extremity	Osteoarthritis of knee, unspecified
M179	Lower Extremity	Osteoarthritis of knee, unspecified
M179	Lower Extremity	Osteoarthritis of knee, unspecified
M25569	Lower Extremity	Pain in unspecified knee

M25569	Lower Extremity	Pain in unspecified knee
M11269	Lower Extremity	Other chondrocalcinosis, unspecified knee
M13169	Lower Extremity	Monoarthritis, not elsewhere classified, unspecified knee
M25469	Lower Extremity	Effusion, unspecified knee
M25669	Lower Extremity	Stiffness of unspecified knee, not elsewhere classified
M67469	Lower Extremity	Ganglion, unspecified knee
M2212	Lower Extremity	Recurrent subluxation of patella, left knee
M222X2	Lower Extremity	Patellofemoral disorders, left knee
M222X9	Lower Extremity	Patellofemoral disorders, unspecified knee
M2240	Lower Extremity	Chondromalacia patellae, unspecified knee
M2242	Lower Extremity	Chondromalacia patellae, left knee
M23222	Lower Extremity	Derang of post horn of medial mensc d/t old tear/inj, l knee
M23322	Lower Extremity	Oth meniscus derang, post horn of medial meniscus, l knee
M2342	Lower Extremity	Loose body in knee, left knee
M2351	Lower Extremity	Chronic instability of knee, right knee
M23612	Lower Extremity	Oth spon disrupt of anterior cruciate ligament of left knee
M25369	Lower Extremity	Other instability, unspecified knee
M6751	Lower Extremity	Plica syndrome, right knee
M6752	Lower Extremity	Plica syndrome, left knee
M71569	Lower Extremity	Other bursitis, not elsewhere classified, unspecified knee
S76111A	Lower Extremity	Strain of right quadriceps muscle, fascia and tendon, init
S83005A	Lower Extremity	Unspecified dislocation of left patella, initial encounter
S83005S	Lower Extremity	Unspecified dislocation of left patella, sequela
S83015 D	Lower Extremity	Lateral dislocation of left patella, subsequent encounter
S83203 D	Lower Extremity	Oth tear of unsp meniscus, current injury, right knee, subs
S83204 D	Lower Extremity	Oth tear of unsp meniscus, current injury, left knee, subs
S83221A	Lower Extremity	Prph tear of medial meniscus, current injury, r knee, init
S83222A	Lower Extremity	Prph tear of medial meniscus, current injury, l knee, init
S83222S	Lower Extremity	Prph tear of medial mensc, current injury, l knee, sequela
S83241A	Lower Extremity	Oth tear of medial meniscus, current injury, r knee, init
S83242A	Lower Extremity	Oth tear of medial meniscus, current injury, left knee, init
S83262 D	Lower Extremity	Prph tear of lat mensc, current injury, left knee, subs
S83281A	Lower Extremity	Oth tear of lat mensc, current injury, right knee, init
S83412 D	Lower Extremity	Sprain of medial collateral ligament of left knee, subs
S83412S	Lower Extremity	Sprain of medial collateral ligament of left knee, sequela
S83511A	Lower Extremity	Sprain of anterior cruciate ligament of right knee, init

S83511 D	Lower Extremity	Sprain of anterior cruciate ligament of right knee, subs
S83511S	Lower Extremity	Sprain of anterior cruciate ligament of right knee, sequela
S83512A	Lower Extremity	Sprain of anterior cruciate ligament of left knee, init
S83512 D	Lower Extremity	Sprain of anterior cruciate ligament of left knee, subs
S83521 D	Lower Extremity	Sprain of posterior cruciate ligament of right knee, subs

Appendix: Included E&M, CPT, and Services

20610	Arthrocentesis, Aspiration And/Or Injection; Major Joint Or Bursa (Eg, Shoulder, Hip, Knee Joint, Subacromial Bursa)
20611	Arthrocentesis, Aspiration And/Or Injection, Major Joint Or Bursa (Eg, Shoulder, Hip, Knee, Subacromial Bursa); With Ultrasound Guidance, With Permanent Recording And Reporting
20680	Removal Of Implant; Deep (Eg, Buried Wire, Pin, Screw, Metal Band, Nail, Rod Or Plate)
27327	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm
27347	Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee
27438	Arthroplasty, patella; with prosthesis
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)
29505	Application Of Long Leg Splint (Thigh To Ankle Or Toes)
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) (Separate Procedure)
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, 2 Or More Compartments (Eg, Medial Or Lateral)
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture
29880	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed
29881	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed
73552	Radiologic Examination, Femur; Minimum 2 Views
73560,TC	Radiologic Examination, Knee; 1 Or 2 Views
73560	Radiologic Examination, Knee; 1 Or 2 Views
73562,TC	Radiologic Examination, Knee; 3 Views
73562	Radiologic Examination, Knee; 3 Views
73564	Radiologic Examination, Knee; Complete, 4 Or More Views
73565,TC	Radiologic Examination, Knee; Both Knees, Standing, Anteroposterior
73565	Radiologic Examination, Knee; Both Knees, Standing, Anteroposterior
73590	Radiologic Examination; Tibia And Fibula, 2 Views
73721	MRI Knee Lt or Rt W/O Contrast
73718	MRI Lower Leg Lt or Rt W/O Contrast
73720	MRI Lower Leg Lt or Rt W/O & W/Contrast
73723	MRI Knee Lt or Rt W/O & W/Contrast
73700	CT Knee w/o IV contrast

73701	CT knee w/ IV contrast
73702	CT knee w/ and w/o IV contrast
76377	CT knee 3D postprocessing
76000,TC	Fluoroscopy (Separate Procedure), Up To 1 Hour Physician Or Other Qualified Health Care Professional Time, Other Than 71023 Or 71034 (Eg, Cardiac Fluoroscopy)
76000	Fluoroscopy (Separate Procedure), Up To 1 Hour Physician Or Other Qualified Health Care Professional Time, Other Than 71023 Or 71034 (Eg, Cardiac Fluoroscopy)
76882	Ultrasound, Extremity, Nonvascular, Real-Time With Image Documentation; Limited, Anatomic Specific
90832	Psychotherapy, 30 Minutes With Patient And/Or Family Member
90834	Psychotherapy, 45 Minutes With Patient And/Or Family Member
90837	Psychotherapy, 60 Minutes With Patient And/Or Family Member
93971	Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study
97110	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility
97140	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes
97161	Physical Therapy Eval Low Complex 20 Min
97162	Physical Therapy Eval Mod Complex 30 Min
99024	Postoperative Follow-Up Visit, Normally Included In The Surgical Package, To Indicate That An Evaluation And Management Service Was Performed During A Postoperative Period For A Reason(S) Related To The Original Procedure
99201	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Low Severity. Level 1
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Low To Moderate Severity. Level 2
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Moderate Severity. Level 3
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Moderate To High Severity. Level 4
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Moderate To High Severity. Level 5
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Low Severity. Level 1
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Low To Moderate Severity. Level 2
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Low To Moderate Severity. Level 3
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Moderate To High Severity. Level 4
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Moderate To High Severity. Level 5
99492	First 70 Minutes In The First Calendar Month For Behavioral Health Care Manager Activities,

	In Consultation With A Psychiatric Consultation And Directed By The Treating Provider
99493	First 60 Minutes In A Subsequent Month For Behavioral Health Care Manager Activities
99494	Each Additional 30 Minutes In A Calendar Month Of Behavioral Health Care Manager Activities
J3301	Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg
L1810	Knee Orthosis, Elastic With Joints, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
L1812	Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf
L1820	Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Includes Fitting And Adjustment
L1845	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Trimmed, Bent, Molded, Assembled
MISCLMS W30	Lmsw Visit 30 Min.
MISCLMS W45	Lmsw Visit 45 Min.
MISCLMS W60	Lmsw Visit 60 Min.
MISCMG3 0	Social Worker Meet And Greet/Cp Visit 30 Min
MISCMG4 5	Social Worker Meet And Greet/Cp Visit 45 Min
MISCMG6 0	Social Worker Meet And Greet/Cp Visit 60 Min
MISCRD30	Registered Dietitian Visit 30 Min
MISCRD45	Registered Dietitian Visit 45 Min
MISCRD60	Registered Dietitian Visit 60 Min
MISCSW	Collab Care Social Worker Non-Billable Visit
80053	Pathology & Labs
85027	Pathology & Labs
85652	Pathology & Labs
86140	Pathology & Labs
87641	Pathology & Labs
97163	Physical Therapy
G0502	Risk Modification
G0503	Risk Modification

20610	Arthrocentesis, Aspiration And/Or Injection; Major Joint Or Bursa (Eg, Shoulder, Hip, Knee Joint, Subacromial Bursa)
20611	Arthrocentesis, Aspiration And/Or Injection, Major Joint Or Bursa (Eg, Shoulder, Hip, Knee, Subacromial Bursa); With Ultrasound Guidance, With Permanent Recording And Reporting
20680	Removal Of Implant; Deep (Eg, Buried Wire, Pin, Screw, Metal Band, Nail, Rod Or Plate)
27327	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm
27347	Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee
27438	Arthroplasty, patella; with prosthesis

27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)
29505	Application Of Long Leg Splint (Thigh To Ankle Or Toes)
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) (Separate Procedure)
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, 2 Or More Compartments (Eg, Medial Or Lateral)
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture
29880	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed
29881	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed
73552	Radiologic Examination, Femur; Minimum 2 Views
73560,TC	Radiologic Examination, Knee; 1 Or 2 Views
73560	Radiologic Examination, Knee; 1 Or 2 Views
73562,TC	Radiologic Examination, Knee; 3 Views
73562	Radiologic Examination, Knee; 3 Views
73564	Radiologic Examination, Knee; Complete, 4 Or More Views
73565,TC	Radiologic Examination, Knee; Both Knees, Standing, Anteroposterior
73565	Radiologic Examination, Knee; Both Knees, Standing, Anteroposterior
73590	Radiologic Examination; Tibia And Fibula, 2 Views
73721	MRI Knee Lt or Rt W/O Contrast
73718	MRI Lower Leg Lt or Rt W/O Contrast
73720	MRI Lower Leg Lt or Rt W/O & W/Contrast
73723	MRI Knee Lt or Rt W/O & W/Contrast
73700	CT Knee w/o IV contrast
73701	CT knee w/ IV contrast
73702	CT knee w/ and w/o IV contrast
76377	CT knee 3D postprocessing
76000,TC	Fluoroscopy (Separate Procedure), Up To 1 Hour Physician Or Other Qualified Health Care Professional Time, Other Than 71023 Or 71034 (Eg, Cardiac Fluoroscopy)
76000	Fluoroscopy (Separate Procedure), Up To 1 Hour Physician Or Other Qualified Health Care Professional Time, Other Than 71023 Or 71034 (Eg, Cardiac Fluoroscopy)
76882	Ultrasound, Extremity, Nonvascular, Real-Time With Image Documentation; Limited, Anatomic Specific
90832	Psychotherapy, 30 Minutes With Patient And/Or Family Member
90834	Psychotherapy, 45 Minutes With Patient And/Or Family Member
90837	Psychotherapy, 60 Minutes With Patient And/Or Family Member
93971	Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study
97110	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength

	And Endurance, Range Of Motion And Flexibility
97140	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes
97161	Physical Therapy Eval Low Complex 20 Min
97162	Physical Therapy Eval Mod Complex 30 Min
99024	Postoperative Follow-Up Visit, Normally Included In The Surgical Package, To Indicate That An Evaluation And Management Service Was Performed During A Postoperative Period For A Reason(S) Related To The Original Procedure
99201	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Low Severity. Level 1
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Low To Moderate Severity. Level 2
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Moderate Severity. Level 3
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Moderate To High Severity. Level 4
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient; Moderate To High Severity. Level 5
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Low Severity. Level 1
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Low To Moderate Severity. Level 2
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Low To Moderate Severity. Level 3
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Moderate To High Severity. Level 4
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient; Moderate To High Severity. Level 5
99492	First 70 Minutes In The First Calendar Month For Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultation And Directed By The Treating Provider
99493	First 60 Minutes In A Subsequent Month For Behavioral Health Care Manager Activities
99494	Each Additional 30 Minutes In A Calendar Month Of Behavioral Health Care Manager Activities
J3301	Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg
L1810	Knee Orthosis, Elastic With Joints, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
L1812	Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf
L1820	Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Includes Fitting And Adjustment
L1845	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Trimmed, Bent, Molded, Assembled
MISCLMSW30	Lmsw Visit 30 Min.
MISCLMSW45	Lmsw Visit 45 Min.
MISCLMSW60	Lmsw Visit 60 Min.
MISCMG30	Social Worker Meet And Greet/Cp Visit 30 Min
MISCMG45	Social Worker Meet And Greet/Cp Visit 45 Min
MISCMG60	Social Worker Meet And Greet/Cp Visit 60 Min

MISCRD30	Registered Dietitian Visit 30 Min
MISCRD45	Registered Dietitian Visit 45 Min
MISCRD60	Registered Dietitian Visit 60 Min
MISCSW	Collab Care Social Worker Non-Billable Visit
80053	Pathology & Labs
85027	Pathology & Labs
85652	Pathology & Labs
86140	Pathology & Labs
87641	Pathology & Labs
97163	Physical Therapy
G0502	Risk Modification
G0503	Risk Modification