



Pre-operative Imaging Guidance

*Q: Is the pre-operative CT scan that is necessary for the development of the 3D computer model for the Match Point technology (i.e., “patient-specific templates”) covered by insurance?**

Match Point System™

Aim, Set, Matched™

MEDICARE	
<p>Medicare covers CT scans that are “reasonable and necessary” if medical and scientific literature and opinion support the use of a scan for the patient’s condition.</p> <p>There is no specific National Coverage Determination (“NCD”) on the use of a CT scan for patient-specific templates. Therefore, coverage decisions are left to the discretion of local Medicare carriers.</p>	
PRIVATE PAYOR	
<ul style="list-style-type: none"> • A few large, private payers publish their coverage policies on line (e.g., Aetna, CIGNA, Humana, etc.). • Aetna does cover MRIs used for patient-specific custom cutting jigs used for total knee arthroplasty. • Accordingly, providers should contact their payers directly for coverage information on CT scans for patient-specific templates. 	
AMERICAN COLLEGE of RADIOLOGY	
<p>The ACR believes that it is appropriate to bill only for the technical component when a CT scan is taken for the design of patient-specific templates; there should be no charge generated for a professional component.</p>	
CODING	
<p>The American Medical Association (“AMA”) has established several CPT codes that describe CT imaging. The codes are listed below.</p>	
<ul style="list-style-type: none"> • 73200 • 73700 • 73701 	<p>Computed tomography, upper extremity; without contrast material</p> <p>Computed tomography, lower extremity; without contrast material</p> <p>Computed tomography, lower extremity; with contrast material</p>

*DJO Surgical cannot guarantee coverage or payment for products or procedures. Such determinations are made based on individual patient conditions and vary widely depending upon the Insurer’s policy. The reimbursement information provided and summarized in this document is for informational purposes only. This information does not constitute reimbursement or legal advice. Providers are responsible for submitting accurate and appropriate codes and claims based on the services provided to individual patients. Laws, regulations and payer policies concerning reimbursement change frequently. Accordingly, DJO strongly recommends that any provider questions or specific billing, coding, and coverage information inquiries are directed to the applicable Medicare contractor or private payor.