## Synovasure® Alpha Defensin Lateral Flow Test Coding Reference Guide



The Synovasure Alpha Defensin Lateral Flow Test Kit is a qualitative visually-read immunochromatographic assay for the detection of human host response proteins, Alpha Defensins 1-3, in the synovial fluid of adults with a total joint replacement who are being evaluated for revision surgery. The Synovasure Alpha Defensin Lateral Flow Test Kit results are intended to be used in conjunction with other clinical and diagnostic findings as an aid in the diagnosis of periprosthetic joint infection (PJI). The Synovasure Alpha Defensin Lateral Flow Test Kit is not intended to identify the etiology or severity of a PJI.

Current Procedural Terminology (CPT) Code and Description					
CPT® Code	Description				
Aspiration of synovial fluid from the joint					
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance				
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting				
Performing the Synovasure Alpha Defensin Lateral Flow Test					
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)				

CPT/Healthcare Common Procedure Coding System (HCPCS) Modifiers				
Modifier	Description			
LT	Left side (used to identify procedures performed on the left side of the body)			
RT	Right side (used to identify procedures performed on the right side of the body)			
50	Bilateral Procedure			
59	Distinct Procedural Service (indicates that a procedure or service was distinct or independent from other non-E/M services performed on the same day)			

Outpatient and Ambulatory Surgical Center (ASC)						
CPT <sup>®</sup> Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator		
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subarcromial bursa); without ultrasound guidance	Т	5441	P3		
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee subacromial bursa); with ultrasound guidance, with permanent recording and reporting	Т	5441	P3		
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	Q4	NA	NA		

 $\textbf{OPPS} - \textbf{Outpatient Prospective Payment System;} \textbf{APC} - \textbf{Ambulatory Payment Classification;} \textbf{ASC} - \textbf{Ambulatory Surgical Center} \textbf{Ambulatory Surgic$ 

**Status Indicator:** Q4 - Conditionally Packaged Laboratory Tests Paid under OPPS or CLFS. (1) Packaged APC payment if billed on the same claim as a HCPCS code assigned published status indicator "J1", "J2", "S", "T", "V", "Q1", "Q2", or "Q3". (2) In other circumstances, laboratory tests should have a status indicator of "A" and payment is made under the CLFS: T - Multiple procedure reduction applies.

APC - 5441 - Level 1 Nerve Injections; NA - Not applicable.

**Payment Indicator**: NA - This procedure is not on Medicare's ASC Coverage Procedures List (CPL): P3 - Payment base on Medicare's Physician Fee Schedule (MPFS) non-facility Practice Expense (PE) Relative Value Units (RVUs).

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444
or <u>reimbursement@zimmerbiomet.com</u> , or visit our reimbursement web site at <u>www.zimmerbiomet.com/reimbursement.</u>
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