Reimbursement Support Program (RSP)

Tel: (844) 604-6359 • Fax: (844) 533-1068

To submit, please fax completed form to (844) 533-1068 or visit ArthrexRSP.com to complete an electronic form.

Patient Information			
Last Name:	First Name:	SSN:	DOB:
Home Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Gender: ○ Female ○ Male	

Primary Medical Insurance Information	
Insurance Name:	Plan Phone:
Member ID:	Group Number:

Secondary Medical Insurance Information	
Insurance Name:	Plan Phone:
Member ID:	Group Number:

Treating Health Care Provider Details					
Prescriber Name:			NPI:	Tax ID:	PTAN:
Address:	City:	State:	Zip Code:	Phone:	Fax:

Product Requested

The following ICD-10-CM diagnosis codes are consistent with the product indications. Arthrex RSP does not offer product support for off-label indications. The following diagnosis codes may be appropriate to describe patients with osteoarthritis of the knee, although you, as the patient's health care provider, are ultimately responsible for independently determining what code(s) are appropriate based on your clinical assessment of the patient.

○ SynoJoynt™ 1% Sodium Hyaluronate Solution

M17.0	Bilateral primary osteoarthritis of knee	M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.10	Unilateral primary osteoarthritis, unspecified knee	M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.11	Unilateral primary osteoarthritis, right knee	M17.4	Other bilateral secondary osteoarthritis of knee
M17.12	Unilateral primary osteoarthritis, left knee	M17.5	Other unilateral secondary osteoarthritis of knee
M17.2	Bilateral post-traumatic osteoarthritis of knee	M17.9	Osteoarthritis of knee, unspecified
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee		

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○ ArthoFLEX® Dermal Allograft for CuffMend™ Repair

M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.101	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.102	Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.110	Incomplete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.111	Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.112	Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.122	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
S43.421A	Sprain of right rotator cuff capsule, initial encounter
S43.422A	Sprain of left rotator cuff capsule, initial encounter
S43.429A	Sprain of unspecified rotator cuff capsule, initial encounter
M12.511	Traumatic arthropathy, right shoulder
M12.512	Traumatic arthropathy, left shoulder
M12.519	Traumatic arthropathy, unspecified shoulder
M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M19.011	Primary osteoarthritis, right shoulder
M19.012	Primary osteoarthritis, left shoulder
M19.019	Primary osteoarthritis, unspecified shoulder
M19.111	Post-traumatic osteoarthritis, right shoulder
M19.112	Post-traumatic osteoarthritis, left shoulder
M19.119	Post-traumatic osteoarthritis, unspecified shoulder
M19.211	Secondary osteoarthritis, right shoulder
M19.212	Secondary osteoarthritis, left shoulder
M19.219	Secondary osteoarthritis, unspecified shoulder
M19.90	Unspecified osteoarthritis, unspecified site
M19.91	Primary osteoarthritis, unspecified site
M75.50	Bursitis of unspecified shoulder
M75.51	Bursitis of right shoulder
M75.52	Bursitis of left shoulder
S46.001A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.002A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.009A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
S46.011A	Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.012A	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.019A	Strain of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
S46.021A	Laceration of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.022A	Laceration of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.029A	Laceration of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
S46.091A	Other injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.092A	Other injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.099A	Other injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter

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Clinical Information	
ICD Code(s):	Prior Treatments: Has the patient received prior treatments? ○ Yes ○ No 1. Site(s) previously treated: 2. Treatment site: 3. Date(s) of prior treatment(s): 4. Product(s) used:
Treatment Site:	
Scheduled Date of Treatment:	
Allergies:	

Indications	
Product	SynoJoynt is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen).
Contraindications	Do not use SynoJoynt to treat patients who have a known hypersensitivity to hyaluronan preparations. Do not use to treat patients with knee joint infections or to treat patients with infections or skin disease in the area of the injection site.
Warnings	Do not concomitantly use disinfectants containing quaternary ammonium salts or chlorhexidine for skin preparations because hyaluronan can precipitate in their presence. Do not inject intravascularly because intravascular injections of SynoJoynt may cause systemic adverse events.

HEALTH CARE PROFESSIONAL'S SIGNATURE REQUIRED
MD/ NP/ PA Signature: Digitally Signed By

I certify that the therapy reflected on this enrollment form is medically necessary and that I, as the prescriber, have solely and independently made the decision to prescribe the product, and that all information provided on this form is complete and accurate to the best of my knowledge. I agree that I am solely responsible for determining and submitting appropriate codes, charges, and modifiers for products and services under this Reimbursement Support Program ("Program") rendered in accordance with applicable laws and payor requirements. I acknowledge that the patient's potential participation in the Program is not contingent on or a reward for any past or future requirement to prescribe, purchase, or utilize the product or any other Arthrex product. The full value of any Program benefit shall apply to the patient. I have not received and will not receive any price concession or other value from or in connection with the Program. I have not received, nor will I seek or accept, reimbursement from any federal, state, or private payor for the value of any free product, related services, or other support that may be provided to or for my patient through this Program. I understand that any product and support that may be provided through this Program is complimentary, for the benefit of my patient, is not made in exchange for any express or implied agreement or understanding that I would recommend, prescribe, or use this Program or any Arthrex product or service, and that there is no obligation to prescribe or use any Arthrex products. If I am or become in possession of free Arthrex product that has been provided through this Program, I will not sell, trade, or attempt to sell or trade such product. I will comply with all applicable terms and conditions for this Program and understand that such support may be amended, rescinded, or revoked at any time without notice. The Program may contact me regarding the information on this form and as needed for the purposes set forth in the Patient Authorization, including to facilitate my patient's enrollment and participation in the Program. I will promptly contact Arthrex at (844) 604-6359 with any updates to the information provided on this form, including if there are any changes with my patient's insurance.

ArthrexRSP.com