DeNovo® NT Natural Tissue Graft Coding Reference Guide

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DeNovo NT is a cartilage allograft, comprised of particulated juvenile hyaline cartilage. The tissue is recovered from juvenile donor joints and is applied to the defect site in a single step surgical procedure with fibrin fixation. DeNovo NT Graft is not an autograft.

Physician	
CPT® Code	**Description**
Lower Joints	
27310*	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27610*	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
28020*	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022*	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024*	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
27599	Unlisted procedure, femur or knee
27899	Unlisted procedure, leg or ankle
28899	Unlisted procedure, foot or toes
29999	Unlisted procedure, arthroscopy
Upper Extremities	
23040*	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
24000*	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
29999	Unlisted procedure, arthroscopy

*Modifier -22, Increased Procedural Service, should be appended when the physician documents the work associated with the placement of the DeNovo NT graft. This work is above that described by the primary procedure code.

Hospital Inpatient: ICD-10-PCS Procedure Code and Description

Repair - Lower Joints

Ø Medical and Surgical
S Lower Joints
Q Repair

Body Part	**Approach**	**Device**	**Qualifier**
C Knee Joint, Right **D** Knee Joint, Left **F** Ankle Joint, Right **G** Ankle Joint, Left **H** Tarsal Joint, Right **J** Tarsal Joint, Left **K** Tarsometatarsal Joint, Right **L** Tarsometatarsal Joint, Left **M** Metatarsal-Phalangeal Joint, Right **N** Metatarsal-Phalangeal Joint, Left **P** Toe Phalangeal Joint, Right **Q** Toe Phalangeal Joint, Left	**Ø** Open **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

Repair - Upper Joints

Ø Medical and Surgical
R Upper Joints
Q Repair

Body Part	**Approach**	**Device**	**Qualifier**
J Shoulder Joint, Right **K** Shoulder Joint, Left **L** Elbow Joint, Right **M** Elbow Joint, Left	**Ø** Open **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	**Description**
480 **481** **482**	Hip & Femur Procedures Except Major Joint with MCC Hip & Femur Procedures Except Major Joint with CC Hip & Femur Procedures Except Major Joint without CC/MCC
488 **489**	Knee Procedures without Primary Diagnosis of Infection with CC/MCC Knee Procedures without Primary Diagnosis of Infection without CC/MCC
492 **493** **494**	Lower Extremity & Humerus Procedure Except Hip, Foot, Femur with MCC Lower Extremity & Humerus Procedure Except Hip, Foot, Femur with CC Lower Extremity & Humerus Procedure Except Hip, Foot, Femur without CC/MCC
507 **508**	Major Shoulder or Elbow Joint Procedures with CC/MCC Major Shoulder or Elbow Joint Procedure without CC/MCC
515 **516** **517**	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.
*MS-DRG will be determined by the principal procedure performed and diagnoses reported. Other MS-DRGs may be applicable.

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT® Code	**Description**	**OPPS Status Indicator**	**Ambulatory Payment Classification**	**ASC Payment Indicator**
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	J1	5113	A2
23929	Unlisted procedure, shoulder	T	5111	NA
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	J1	5113	A2
24999	Unlisted procedure, humerus or elbow	T	5111	NA
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	J1	5113	A2
27599	Unlisted procedure, femur or knee	T	5111	NA
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	J1	5113	A2
27899	Unlisted procedure, leg or ankle	T	5111	NA
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	J1	5113	A2
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	J1	5113	A2
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	J1	5112	A2
28899	Unlisted procedure, foot or toes	T	5111	NA
29999	Unlisted procedure, arthroscopy	T	5111	NA

OPPS – Outpatient Prospective Payment System
APC 5111 – Level 1 Musculoskeletal Procedures; APC 5113 – Level 3 Musculoskeletal Procedures
Status Indicator J1 - Hospital Part B services paid through a comprehensive APC; T – Multiple procedure reduction applies
Payment Indicator A2 – Payment based on OPPS relative payment weight; NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	**Description**
L8699	Prosthetic implant, Not otherwise specified.

There is not a separately reportable HCPCS code available for DeNovo NT Graft. *-AHA Coding Clinic for HCPCS, 4th Quarter, 2010, page 3.* Healthcare Providers are encouraged to check with the specific payer for their recommended HCPCS code assignment.

Access-To-Care (ATC) Program 1-866-946-0444, Option 3
Zimmer offers an Access-To-Care program to assist surgeons and their office staff with prior authorization and denial management for DeNovo® NT Graft. This service is available to facilitate patient access to medically appropriate cartilage repair procedures.

To request assistance with prior authorization or appeals for DeNovo NT cases contact an ATC Specialist via the Zimmer Reimbursement Hotline at 1-866-946-0444, Option 3. The ATC Specialist will evaluate each case on an individual basis to determine the appropriate payer follow up. When requesting ATC to manage the prior authorization, please allow an adequate timeline prior to the scheduled surgery date to accommodate the payers processes and allow them sufficient time to review and respond to the request.

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