

DeNovo[®] NT Natural Tissue Graft Coding Reference Guide



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 | Hip & Femur Procedures Except Major Joint with MCC |
| 481 | Hip & Femur Procedures Except Major Joint with CC |
| 482 | Hip & Femur Procedures Except Major Joint without CC/MCC |
| 488 | Knee Procedures without Primary Diagnosis of Infection with CC/MCC |
| 489 | Knee Procedures without Primary Diagnosis of Infection without CC/MCC |
| 492 | Lower Extremity & Humerus Procedure Except Hip, Foot, Femur with MCC |
| 493 | Lower Extremity & Humerus Procedure Except Hip, Foot, Femur with CC |
| 494 | Lower Extremity & Humerus Procedure Except Hip, Foot, Femur without CC/MCC |
| 507 | Major Shoulder or Elbow Joint Procedures with CC/MCC |
| 508 | Major Shoulder or Elbow Joint Procedure without CC/MCC |
| 515 | Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC |
| 516 | Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC |
| 517 | 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.

Current Procedural Terminology (CPT®) copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Zimmer Biomet Coding Reference Guide Disclaimer

The information in this document was obtained from third party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers' rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients' medical condition, procedures performed and the products used. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. Zimmer Biomet specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.