

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 Code and Description			
Supplement - Lower Joints			
Ø Medical and Surgical			
S Lower Joints			
U Supplement			
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	K Nonautologous Tissue Substitute	Z No Qualifier
Supplement - Upper Joints			
Ø Medical and Surgical			
R Upper Joints			
U Supplement			
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	K Nonautologous Tissue Substitute	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	APC Assignment	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** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

APC: 5111 – Level 1 Musculoskeletal Procedures; 5112 – Level 2 Musculoskeletal Procedures; 5113 – Level 3 Musculoskeletal Procedures

Status Indicator: J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary “J1” service, with limited exceptions; 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.

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®) is copyright © 2020 by the American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association

Zimmer Biomet Coding Reference Guide Disclaimer

Providers, not Zimmer Biomet, are solely responsible for ensuring compliance with Medicare, Medicaid and all other third-party payer requirements, as well as accurate coding, documentation and medical necessity for the services provided. Before filing claims, providers should confirm individual payer requirements and coverage/medical policies. The information provided in this document is not legal or coding advice; it is general reimbursement information for reference purposes only. It is important to note that Zimmer Biomet provides information obtained from third-party authoritative sources and such sources are subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. This information may not be all-inclusive and changes may have occurred subsequent to publication of this document. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. 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.

For product information, including indications, contraindications, warnings, precautions, potential adverse effects and patient counseling information, see the package insert and HYPERLINK "<http://www.zimmerbiomet.com>" www.zimmerbiomet.com.