Osteochondral Allograft Convenience Kit Coding Reference Guide

ZIMMER BIOMET
Your progress. Our promise.®

An Osteochondral lesion is an injury to the smooth surface on the end of bones, including damage to both the cartilage and the underlying bone. The degree of the injury can vary from a small crack to the bone breaking off inside the joint. The Zimmer Biomet Osteochondral Allograft Convenience Kit provides surgeons with an option for addressing osteochondral defects of various geometries and sizes.

Physician	
CPT® Code	**Description**
Knee	
27415	Osteochondral allograft, knee, open
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
Ankle	
27610*	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
27899	Unlisted procedure, leg or ankle
Hip	
27033*	Arthrotomy, hip, including exploration or removal of loose or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
27299	Unlisted procedure, pelvis or hip joint
Tarsal/Phalangeal	
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
28899	Unlisted procedure, foot or toes
Shoulder/Elbow	
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 osteochondral allograft. This work is above that described by the primary procedure code.

Hospital Inpatient: ICD-10-PCS Code and Description			
Supplement - Lower Joints *(Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)*			
Ø Medical and Surgical **S** Lower Joints **U** Supplement			
Body Part	**Approach**	**Device**	**Qualifier**
9 Hip Joint, Right **B** Hip Joint, Left **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	**Z** No Qualifier
Supplement - Upper Joints *(Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)*			
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	**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.
*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	**Description**	**OPPS Status Indicator**	**APC Assignment**	**ASC Payment Indicator**
Knee				
27415	Osteochondral allograft, knee, open	J1	5115	J8
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	J1	5115	J8
Ankle				
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	J1	5113	A2
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	J1	5113	A2
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	J1	5114	A2
27899	Unlisted procedure, leg or ankle	T	5111	NA
Hip				
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	J1	5114	A2
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	J1	5114	A2
27299	Unlisted procedure, pelvis or hip joint	T	5111	NA
Tarsal/Phalangeal				
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
Shoulder/Elbow				
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	J1	5113	A2
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	J1	5113	A2
23929	Unlisted procedure, shoulder	T	5111	NA
24999	Unlisted procedure, humerus or elbow	T	5111	NA
29999	Unlisted procedure, arthroscopy	T	5111	NA

OPPS – Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center
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
APC: 5111 – Level 1 Musculoskeletal Procedures; 5112 – Level 2 Musculoskeletal Procedures; 5113 – Level 3 Musculoskeletal Procedures; 5114 – Level 4 Musculoskeletal Procedures; 5115 – Level 5 Musculoskeletal Procedures
Payment Indicator: A2 – Payment based on OPPS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate; 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

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

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 www.zimmerbiomet.com.

©2021 Zimmer Biomet

2934.3-US-en-REV0421