

Cellentra™ Advanced Allograft, PrimaGen™ Advanced Allograft and StaGraft™ Fiber Coding Reference Guide



Cellentra Advanced Allograft is considered minimally manipulated human tissue. The FDA considers “Cell Based” technologies as those that rely on the metabolic activity of the cells in order to achieve their primary function. Cellentra Advanced Allograft has 3 equally important components: cancellous matrix (osteoconductive), demineralized cortical bone (osteoinductive), and viable cells found within the cancellous matrix (osteogenic). Because of this, Cellentra Advanced Allograft would not fit the FDA definition of a “Cell Based” technology. When classifying Cellentra Advanced Allograft, it is most accurate to state that Cellentra is human cadaver allograft.

PrimaGen Advanced is an allogeneic bone graft substitute containing viable donor cells intended for homologous use in the repair, replacement, reconstruction, or supplementation of the recipient’s tissue in musculoskeletal defects. These defects may be surgically created defects or defects created from traumatic injury to bone.

StaGraft™ Fiber is processed human cortical bone that has been machined and demineralized. It may be used with orthopedic, spinal, reconstructive, craniofacial, maxillofacial and periodontal bone grafting procedures, either used alone or in combination with autologous bone, or other forms of allogeneic bone in grafting procedures of non-weight bearing value. StaGraft™ Fiber can be used or hydrated with autologous blood, bone marrow aspirate, or autologous blood derived products such as platelet rich plasma and platelet poor plasma. It may also be hydrated with saline or antibiotic solution.

Physician	
CPT® Code	Description
<i>Demineralized bone matrix (morselized allograft) although appearing under the heading of General Musculoskeletal Procedures, applies only to bone grafts used for spine surgery and are inherent to all other procedures and not reported separately.</i>	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)

Hospital Inpatient: ICD-10-PCS Procedure Code and Description
In spine surgery, allograft is represented as a Nonautologous Tissue Substitute (K) in the character 6 “Device” position

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
The MS-DRG will be assigned based upon the patient’s diagnosis(es) and the procedure(s) performed.	

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	CPT Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	N	--	N1

OPPS - Medicare’s Outpatient Prospective Payment System.
 Status Indicator: N – Payment is packaged into payment for other services; no separate APC payment
 Payment Indicator: N1 - Packaged service/item; no separate payment

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
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 coding and reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement website at zimmerbiomet.com/reimbursement

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