Chondrofix® Osteochondral Allograft Coding Reference Guide

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Chondrofix® Osteochondral Allograft is a decellularized allograft consisting of hyaline cartilage and cancellous bone. As a minimally manipulated human tissue graft, the Chondrofix Osteochondral Allograft undergoes a proprietary processing protocol resulting in a shelf-stable graft that retains relevant inherent structural properties and provides an effective alternative to fresh allograft or autograft for the repair of osteochondral lesions.

Physician	
CPT® Code	**Description**
Lower Joints	
27415	Osteochondral allograft, knee, open
28446	Open osteochondral autograft, talus (includes obtaining graft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
27899	Unlisted procedure, leg or ankle
29999	Unlisted procedure, arthroscopy

Hospital Inpatient: ICD-10-PCS Code and Description

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	**Ø** Open **4** Percutaneous Endoscopic	**K** Nonautologous Tissue Substitute	**Z** No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
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
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 principal procedure performed and diagnoses reported.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	**Description**	**OPPS Status Indicator**	**Ambulatory Payment Classification**	**ASC Payment Indicator**
27415	Osteochondral allograft, knee, open	J1	5115	J8
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	J1	5114	G2
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	J1	5115	NA
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	J1	5113	A2
27899	Unlisted procedure, leg or ankle	T	5111	NA
29999	Unlisted procedure, arthroscopy	T	5111	NA

OPPS – Medicare's Outpatient Prospective Payment System
APC 5111 – Level 1 Musculoskeletal Procedures; APC 5113 – Level 3 Musculoskeletal Procedures; APC 5114 – Level 4 Musculoskeletal Procedures; APC 5115 – Level 5 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; G2 - Non office-based surgical procedure added in CY 2008 or later; 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.

HCPCS (Healthcare Common Procedure Coding System)	
HCPCS 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.

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