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 – Knee

<table>
<thead>
<tr>
<th><strong>CPT® Code</strong></th>
<th><strong>CPT Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>27415</td>
<td>Osteochondral allograft, knee, open</td>
</tr>
<tr>
<td>29867</td>
<td>Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)</td>
</tr>
</tbody>
</table>

### Physician – Ankle

<table>
<thead>
<tr>
<th><strong>CPT Code</strong></th>
<th><strong>CPT Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>27899</td>
<td>Unlisted procedure, leg or ankle</td>
</tr>
<tr>
<td>29999</td>
<td>Unlisted procedure, arthroscopy</td>
</tr>
</tbody>
</table>

### Hospital Outpatient and Ambulatory Surgery Center (ASC)

<table>
<thead>
<tr>
<th><strong>CPT Code</strong></th>
<th><strong>CPT Description</strong></th>
<th><strong>OPPS Status Indicator</strong></th>
<th><strong>APC</strong></th>
<th><strong>ASC Payment Indicator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>27415</td>
<td>Osteochondral allograft, knee, open</td>
<td>J1</td>
<td>5115</td>
<td>J8</td>
</tr>
<tr>
<td>29867</td>
<td>Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)</td>
<td>J1</td>
<td>5115</td>
<td>NA</td>
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<tr>
<td>27899</td>
<td>Unlisted procedure, leg or ankle</td>
<td>T</td>
<td>5111</td>
<td>NA</td>
</tr>
<tr>
<td>29999</td>
<td>Unlisted procedure, arthroscopy</td>
<td>T</td>
<td>5111</td>
<td>NA</td>
</tr>
</tbody>
</table>

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification

Status Indicator J1 – Hospital Part B services paid through a comprehensive APC; Status Indicator T – Multiple procedure reduction applies

APC 5111 – Level 1 Closed Treatment Fracture and Related Services; APC 5115 – Level 5 Musculoskeletal Procedures.

Payment Indicator J8 - Device-intensive procedure; paid at adjusted rate.

NA – This procedure is not on Medicare’s List of ASC Covered Surgical Procedures.

### HCPCS (Healthcare Common Procedure Coding System)

<table>
<thead>
<tr>
<th><strong>HCPCS Code</strong></th>
<th><strong>HCPCS Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1889</td>
<td>Implantable/insertable device for device intensive procedure, not otherwise classified</td>
</tr>
<tr>
<td>L8699</td>
<td>Prosthetic implant, not otherwise specified</td>
</tr>
</tbody>
</table>

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare’s Outpatient Prospective Payment System.
<table>
<thead>
<tr>
<th>ICD-10-PCS Code</th>
<th>Description</th>
<th>MS-DRG and Description*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knee</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ØSQC0ZZ</td>
<td>Repair right knee joint, open approach</td>
<td>MS-DRG 488 Knee Procedures without PDX of Infection with CC/MCC</td>
</tr>
<tr>
<td>ØSQD0ZZ</td>
<td>Repair left knee joint, open approach</td>
<td>MS-DRG 489 Knee Procedures without PDX of Infection without CC/MCC</td>
</tr>
<tr>
<td>ØSCQ4ZZ</td>
<td>Repair right knee joint, percutaneous endoscopic approach</td>
<td></td>
</tr>
<tr>
<td>ØSQD4ZZ</td>
<td>Repair left knee joint, percutaneous endoscopic approach</td>
<td></td>
</tr>
<tr>
<td><strong>Ankle</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ØSQF0ZZ</td>
<td>Repair right ankle joint, open approach</td>
<td>MS-DRG 492 Lower Extremity &amp; Humerus Procedure Except Hip, Foot, Femur with MCC</td>
</tr>
<tr>
<td>ØSQG0ZZ</td>
<td>Repair left ankle joint, open approach</td>
<td>MS-DRG 493 Lower Extremity &amp; Humerus Procedure Except Hip, Foot, Femur with CC</td>
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</table>

CC – Complication and/or Comorbidity, MCC – Major Complication and/or Comorbidity

*MS-DRG – Medicare Severity Diagnosis Related Group. Other MS-DRGs may apply

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 reimbursement.zimmerbiomet.com.

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