



Fresh Osteochondral Graft

CPT[®] Coding Guide

HCPCS CODING PATHWAY OPTIONS

HCPCS Code	HCPCS Code Description
890	Other donor bank, general
<i>Some surgery departments use this revenue code to bill for facility costs of the procedure, as well as acquisition of the allograft.</i>	
G0289	Arthroscopy, knee, surgical, for removal of loose body, debridement/shaving of articular carilage (chondroplasty)
L8699	Prosthetic implant, not otherwise noted

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

PHYSICIAN/HOSPITAL OUTPATIENT/ASC CODING PATHWAY OPTIONS

This information is provided as a general coding guide and is not intended to increase or maximize reimbursement by any payer. It is the provider's responsibility to determine the appropriate codes and modifiers to be submitted.

Anatomical Region	CPT Code	CPT Code Description
Knee	27415	Osteochondral allograft, knee, open
	29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)
	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
	29877	Arthroscopy, knee, surgical; debridement /shaving of articular cartilage (chondroplasty)
	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g.: osteochondritis dissecans fragmentation, chondral fragmentation)
	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drillings or microfracture
	27599*	Unlisted procedure, femur or knee joint
Ankle/Foot	27899*	Unlisted procedure, leg (tibia or fibula) or ankle joint
	28899*	Unlisted procedure, foot or toes
	29891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect
Shoulder	23929*	Unlisted procedure, shoulder
Hip	27299*	Unlisted procedure, hip
	29862	Arthroscopy, hip; with debridement/shaving of articular cartilage
Elbow	24999*	Unlisted procedure, humerus or elbow
All	29999*	Unlisted procedure, arthroscopy

*Unlisted procedure codes do not have established fees. You may need to submit an operative report with the claim and code.

OTHER

Code Modifiers	
-22	Unusual Procedural Services
-51	Multiple Procedures
-59	Second Procedure

HOSPITAL INPATIENT PROCEDURE CODING CODING PATHWAY OPTIONS

Anatomical Region	ICD-10-PCS Code	CPT Code Description
Knee	05QC0ZZ	Repair right knee joint, open approach
	05QD0ZZ	Repair left knee joint, open approach
	05QC4ZZ	Repair right knee joint, percutaneous endoscopic open approach
	05QCD4ZZ	Repair left knee joint, percutaneous endoscopic open approach
Ankle/Foot	05QF0ZZ	Repair right ankle joint, open approach
	05QG0ZZ	Repair left ankle joint, open approach
	05QF4ZZ	Repair right ankle joint, percutaneous endoscopic open approach
	05QG4ZZ	Repair left ankle joint, percutaneous endoscopic open approach
	05QM0ZZ	Repair right metatarsal-phalanfeal joint open
	05QN0ZZ	Repair left metatarsal-phalanfeal joint open
	05QM4ZZ	Repair right metatarsal-phalanfea joint percutaneous endoscopic
05QN4ZZ	Repair Left metatarsal-phalanfea joint percutaneous endoscopic	
Shoulder	0RQJ0ZZ	Repair right sholder joint open
	0RQK0ZZ	Repair Left shoulder joint open
	0RQJ4ZZ	Repair right sholder joint percutaneous endoscopic
	0RQK4ZZ	Repair Left shoulder joint percutaneous endoscopic
Hip	05Q90ZZ	Repair right hip joint open
	05QB0ZZ	Repair Left hip joint open
	05Q94ZZ	Repair right hip joint percutaneous endoscopic
	05QB4ZZ	Repair Left hip joint percutaneous endoscopic
Elbow	0RQL0ZZ	Repair right elbow joint open
	0RQM0ZZ	Repair Left elbow joint open
	0RQL4ZZ	Repair right elbow joint percutaneous endoscopic
	0RQM4ZZ	Repair Left elbow joint percutaneous endoscopic

CC – Complication and/or Comorbidity, MCC – Major Complication and/or Comorbidity *MS-DRG – Medicare Severity Diagnosis Related Group. Other MS-DRGs may apply.

MS-DRG ASSIGNMENT OPTIONS

Anatomical Region	MS-DRG Code	MS-DRG Description
Hip	480	Hip & Femur procedures except major joint w MCC
	481	Hip & Femur procedures except major joint w CC
	482	Hip & Femur procedures except major joing w/o CC/MCC
Knee	485	Knee procedures w PDX of infection w MCC
	486	Knee procedures w PDX of infection w CC
	487	Knee procedures w PDX of infection w/o CC/MCC
	488	Knee procedures w/o PDX of infection w CC/MCC
	489	Knee procedures w/o PDX of infection w/o CC/MCC
Foot/Ankle	492	Lower Extrem & Humer proc except hip, foot, femur w MCC
	493	Lower Extrem & Humer proc except hip, foot, femur w CC
	494	Lower Extrem & Humer proc except hip, foot, femur w/o CC/MCC
Shoulder/Elbow	507	Major Shoulder or Elbow joint procedures w CC/MCC
	508	Major Shoulder or Elbow joint procedures w/o CC/MCC

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¹CPT 2013 Professional Edition, 2011, American Medical Association

²ICD-9-CM Official Guidelines for Coding and Reporting