

ProChondrix® CR

CRYOPRESERVED OSTEOCHONDRAL ALLOGRAFT

REIMBURSEMENT GUIDE | 2022

PRODUCT OVERVIEW

ProChondrix CR* is a laser etched, cryopreserved osteochondral allograft. ProChondrix CR is used to repair and regenerate damaged cartilage tissue, using a single-stage procedure. This next generation cartilage allograft contains living functional cells and other biological components necessary for repair and regeneration of damaged cartilage tissues.¹

- Maintains $94.97 \pm 3.38\%$ chondrocyte viability after 2 years of storage below -40° C.
- Presence of native growth factors help maintain healthy cartilage and facilitate chondrocyte functionality.
- ProChondrix CR is available in a range of sizes (11, 13, 15, 17, 20mm).

*For more product information on Prochondrix CR please visit www.allosource.org/products/prochondrix-cr

FDA REGULATORY STATUS

ProChondrix CR is regulated by the FDA under 21 CFR Part 1271 Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps).

The content provided is for educational and informational purposes only and does not imply a guarantee of reimbursement or coverage. All procedures and products should be coded based on the patient's condition and the procedure(s) performed. We recommend you reach out to the payer directly for specific coding, billing, and coverage information.



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HOSPITAL OUTPATIENT AND AMBULATORY SURGERY CENTER (ASC) CODING FOR PROCHONDRIX® CR^{2,3,4}

HCPCS Codes^{*5}

Currently, there is not a specific HCPCS code for use of an osteochondral allograft as part of a knee procedure. In the absence of a specific code, the unspecified codes listed below may be considered. Please note, C1889 may only be used in the hospital outpatient setting. While there isn't any separate reimbursement for the unlisted codes, Medicare requires they be included on the claim form when a device dependent CPT code is used.

HCPCS CODE	DESCRIPTOR
C1889	Implantable/insertable device for device intensive procedure, not other
L8699	Prosthetic implant, not otherwise specified

CPT Codes^{**2,6}

The most common CPT codes used when an allograft is used as part of a knee procedure are 27415 or 29867.

CPT codes 27415 and 29867 are assigned the status indicator J1, meaning the codes are included in a comprehensive Ambulatory Payment Classification (APC). APCs provide a single payment for the primary service and all other services included on the claim form. In addition, both 27415 and 29867 are device-intensive procedures, and facilities should bill a HCPCS code in addition to the CPT code.

Note: No specific osteochondral allograft CPT codes are available for sites other than the knee. If using the graft for another anatomical site, the provider should review applicable codes.⁶

CPT CODE	DESCRIPTOR
27415	Osteochondral allograft, knee, open
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
25999	Unlisted procedure, forearm, or wrist†
27299	Unlisted procedure, pelvis, or hip joint
27899	Unlisted procedure, leg, or ankle†
28899	Unlisted procedure, foot, or toes†
29999	Unlisted procedure, arthroscopy

*Healthcare Common Procedure Coding System

**Current Procedural Terminology

†If ProChondrix CR is used for a procedure not including the knee, providers should review and determine appropriate ICD-10 procedure codes.

HOSPITAL INPATIENT REIMBURSEMENT AND CODING⁷

ICD-10 PCS Procedure Codes

The procedures billed during the inpatient stay are coded using the ICD-10 Procedure Coding System (PCS). Potential ICD-10 PCS codes that may be utilized for an inpatient osteochondral allograft knee procedure are listed below:

ICD-10 PCS CODE	DESCRIPTOR
OSUC0KZ	Supplement right knee joint with nonautologous tissue substitute, open approach
OSUC3KZ	Supplement right knee joint with nonautologous tissue substitute, percutaneous approach
OSUC4KZ	Supplement right knee joint with nonautologous tissue substitute, percutaneous endoscopic approach
OSUD0KZ	Supplement left knee joint with nonautologous tissue substitute, open approach
OSUD3KZ	Supplement left knee joint with nonautologous tissue substitute, percutaneous approach
OSUD4KZ	Supplement left knee joint with nonautologous tissue substitute, percutaneous endoscopic approach

2022 MS-DRG Codes⁷

The MS-DRGs listed below may be assigned for osteochondral allograft procedures.

MS-DRG	DESCRIPTOR
488	Knee procedures without PDX of infection with CC/MCC
489	Knee procedures without PDX of infection without CC/MCC
509	Arthroscopy

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FREQUENTLY ASKED QUESTIONS

1. WHEN USING AN UNLISTED CODE (CPT OR HCPCS) ARE THERE EXTRA STEPS REQUIRED FOR CLAIMS SUBMISSION?

We recommend contacting the payor directly for specific instructions. Often, a narrative should be included in box 19 of the CMS 1500 claim form or form locator box 80 of the UB-04 claim form noting the name of the product, size used, and invoice cost. Payors may still request additional information, including chart notes, operative reports, invoices, etc.

2. DOES PROCHONDRIX CR REQUIRE PRIOR AUTHORIZATION?

Prior authorization requirements vary by payor. We recommend contacting the payor directly for prior authorization information.

3. WHAT STEPS CAN I TAKE IF I RECEIVE A DENIED CLAIM?

It is recommended you review the remittance advice for additional details and complete an appeal based on the denial reason. Common items to include as part of an appeal are chart notes, a letter of medical necessity, and/or any documentation from the payor indicating they would cover the procedure/product (copy of prior authorization or pre-determination).

4. ARE THERE MEDICAL POLICIES THAT OUTLINE COVERAGE PARAMETERS FOR PROCHONDRIX CR?

There are medical policies for commercial payors that outline coverage parameters for ProChondrix CR. We recommend you review medical policies for coverage and documentation guidance.

5. ARE THERE KEY ITEMS THAT MUST BE DOCUMENTED WHEN UTILIZING PROCHONDRIX CR?

Many medical policies outline documentation requirements for procedures/products. In the absence of a policy, we recommend including as much detail as possible for the procedure itself and all treatments tried and failed.

DISCLAIMER

The information contained in the ProChondrix CR Reimbursement Guide is AlloSource's general understanding of the application of certain codes to ProChondrix CR. Information on reimbursement is provided as a courtesy. Due to the changing nature of the law and Medicare payments policy, we rely on information provided by various sources. The information contained in this document is not necessarily comprehensive and does not guarantee that reimbursement will be received by the physician or site of service. It is the physician's and provider's responsibility to determine and submit appropriate codes, charges, and modifiers for the products and services rendered. Payors may have additional or different coding and reimbursement requirements above and beyond what is provided in this communication. Therefore, before filing any claim, providers should verify these requirements in writing with local payors.

REFERENCES

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