



## 2025 Coding Reimbursement Guide

CARTIHEAL<sup>®</sup>  
AGILI-C<sup>®</sup> Cartilage Repair Implant

### Category III CPT<sup>1</sup> Code

CPT <sup>1</sup> Code	Description	Total RVUs <sup>2</sup>	2025 Medicare National Average			APC <sup>4</sup>
			Physician <sup>3</sup>	HOPD <sup>4</sup>	ASC <sup>5</sup>	
<b>0737T</b>	Xenograft implantation into the articular surface	NA	NA	NA	NA	5115

### Facility Medicare National Average Rates

CPT <sup>1</sup> Code	APC	APC Description	2025 Medicare National Average			
			HOPD <sup>4</sup>		ASC <sup>5</sup>	
			SI	RATE	PI	RATE
<b>0737T</b>	5115	Level 5 Musculoskeletal Procedures	J1 <sup>6</sup>	\$12,867	J8 <sup>7</sup>	\$9,339

### Options for Category I CPT Crosswalk

CPT <sup>1</sup> Code	Description	Total RVUs	2025 Medicare National Average			APC <sup>4</sup>
			Physician <sup>3</sup>	HOPD <sup>4</sup>	ASC <sup>5</sup>	
<b>27412</b>	Autologous chondrocyte implantation, knee	49.98	\$1,617	\$7,144	\$3,511	5114
<b>27415</b>	Osteochondral allograft, knee, open	41.75	\$1,350	\$12,867	\$11,002	5115
<b>27416</b>	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])	29.92	\$968	\$7,144	\$3,511	5114
<b>27447</b>	Arthroplasty, knee, condyle, and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	38.88	\$1,258	\$12,867	\$9,256	5115
<b>29877</b>	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	19.06	\$617	\$3,245	\$1,579	5113
<b>29879</b>	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	20.30	\$657	\$3,245	\$1,579	5113

### Options for HCPCS<sup>8</sup> Level II Codes – Medicare Reporting

HCPCS <sup>8</sup> Codes	Description
<b>C1889</b>	Implantable/insertable device, not otherwise classified
<b>L8699</b>	Prosthetic implant, not otherwise classified
<b>C1776</b>	Joint device (implantable)
<b>C1763</b>	Connective tissue, nonhuman (includes synthetic)

Under Medicare's Outpatient Prospective Payment System, HCPCS codes are required to report devices used with outpatient procedures.

For Commercial claims submissions, check with each individual payer for proper reporting.

#### Disclaimer

Information on reimbursement in the U.S. is provided as a courtesy. Due to the rapidly changing nature of the law and the Medicare payment policy, and our reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided "AS IS" and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise. This information has been compiled based on data gathered from many primary and secondary sources, including the American Medical Association, and certain Medicare contractors. Physicians and providers are responsible for accurate documentation of patient conditions and for reporting procedures and products in accordance with particular payer requirements. Current Procedural Terminology (CPT) is a copyright 2025 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein.

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<sup>2</sup> Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. MPFS, 2025 Final Rule. [www.cms.gov](http://www.cms.gov)

<sup>3</sup> Medicare Physician Fee Schedule, 2025, Final Rule. [www.cms.gov](http://www.cms.gov)

<sup>4</sup> Hospital Outpatient PPS, 2025 Final Rule, [www.cms.gov](http://www.cms.gov)

<sup>5</sup> Prospective Payment Systems, ASC Payment, Addenda, 2025, Final Rule. [www.cms.gov](http://www.cms.gov)

<sup>6</sup> Hospital Part B services paid through comprehensive APC, Hospital Outpatient PPS, 2025 Final Rule, [www.cms.gov](http://www.cms.gov)

<sup>7</sup> Device-intensive procedure; paid at adjusted rate, Prospective Payment Systems, ASC Payment, Addenda, 2025, Final Rule. [www.cms.gov](http://www.cms.gov)

<sup>8</sup> HCPCS Level II Expert, 2025, AAPC.