CARTIHEAL™ AGILI-C™ Cartilage Repair Implant

2026 Coding Reimbursement Guide

Smith+Nephew

CARTIHEAL AGILI-C Cartilage Repair Implant

Category III CPT[1] Code

CPT[1] Code	Description	Total RVUs[2]	2026 Medicare National Average			APC[4]
			Physician[3]	HOPD[4]	ASC[5]	
0737T	Xenograft implantation into the articular surface	NA	NA	NA	NA	5115

Facility Medicare National Average Rates

CPT[1] Code	APC	APC Description	2026 Medicare National Average			
			HOPD[4]		ASC[5]	
			SI	RATE	PI	RATE
0737T	5115	Level 5 Musculoskeletal Procedures	J1[6]	$13,117	J8[7]	$9,494

Options for Category I CPT Crosswalk

CPT[1] Code	Description	Total RVUs	2026 Medicare National Average			APC[4]
			Physician[3]	HOPD[4]	ASC[5]	
27412	Autologous chondrocyte implantation, knee	44.74	$1,494	$7,413	$3,696	5114
27415	Osteochondral allograft, knee, open	37.67	$1,258	$13,117	$10,492	5115
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])	27.02	$902	$7,413	$3,696	5114
27447	Arthroplasty, knee, condyle, and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	34.72	$1,160	$13,117	$9,393	5115
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	17.57	$587	$3,343	$1,645	5113
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	18.66	$623	$3,343	$1,645	5113

Options for HCPCS[8] Level II Codes – Medicare Reporting

HCPCS[8] Codes	Description
C1889	Implantable/insertable device, not otherwise classified
L8699	Prosthetic implant, not otherwise classified
C1776	Joint device (implantable)
C1763	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

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[1] CPT is a registered trademark of the AMA. All rights reserved.
[2] Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. MPFS, 2026 Final Rule. www.cms.gov
[3] Medicare Physician Fee Schedule, Qualifying Alternative Payment Model (APM) Conversion Factor 2026, Final Rule. www.cms.gov
[4] Hospital Outpatient PPS, 2026 Final Rule, www.cms.gov
[5] Prospective Payment Systems, ASC Payment, Addenda, 2026, Final Rule. www.cms.gov
[6] Hospital Part B services paid through comprehensive APC, Hospital Outpatient PPS, 2026 Final Rule, www.cms.gov
[7] Device-intensive procedure; paid at adjusted rate, Prospective Payment Systems, ASC Payment, Addenda, 2026, Final Rule. www.cms.gov
[8] HCPCS Level II Expert,2026, AAPC.