



Category III CPT Code

CPT Code	Description	Total RVUs ⁱⁱ	2025 Medicare National Average			APC
			Physician ⁱⁱⁱ	HOPD ^{iv}	ASC ^v	
0737T	Xenograft implantation into the articular surface	NA	NA	NA	NA	5115

Facility Medicare National Average Rates

CPT Code	APC	APC Description	2025 Medicare National Average			
			HOPD		ASC	
			SI	RATE	PI	RATE
0737T	5115	Level 5 Musculoskeletal Procedures	J1	\$12,867	J8	\$9,339

Options for Category I CPT Crosswalk

CPT Code	Description	Total RVUs	2025 Medicare National Average			APC
			Physician	HOPD	ASC	
27412	Autologous chondrocyte implantation, knee	49.98	\$1,617	\$7,144	\$3,511	5114
27415	Osteochondral allograft, knee, open	41.75	\$1,350	\$12,867	\$11,002	5115
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])	29.92	\$968	\$7,144	\$3,511	5114
27447	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
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	19.06	\$617	\$3,245	\$1,579	5113
29879	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 Level II Codes – Medicare Reporting

HCPCS 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

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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ⁱⁱ Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. MPFS, 2025 Final Rule. www.cms.gov

ⁱⁱⁱ Medicare Physician Fee Schedule, 2025, Final Rule. www.cms.gov

^{iv} Hospital Outpatient PPS, 2025 Final Rule, www.cms.gov Transmittal:12816, 8/29/2024. Effective July 1, 2024

^v Prospective Payment Systems, ASC Payment, Addenda, 2025, Final Rule. www.cms.gov Transmittal:12816, 8/29/2024. Effective July 1, 2024