Trabecular Metal[™] Total Ankle Coding Reference Guide



The Zimmer Biomet Trabecular Metal Total Ankle is an implant and instrument system engineered to preserve motion in ankle arthroplasty patients. This semi-constrained device is designed to provide joint mobility by restoring alignment, reducing pain and preserving the flexion/extension movement within the ankle joint.

Physician		
CPT [®] Code	CPT Description	
27702	Arthroplasty, ankle; with implant (total ankle)	
27703	Arthroplasty, ankle; revision, total ankle	
27704	Removal of ankle implant	

Hospital Inpatient: ICD-10-PCS Procedure Code and Description						
Replacement						
 Ø Medical and Surgical S Lower Joints R Replacement 						
Body Part	Approach	Device	Qualifier			
F Ankle Joint, Right G Ankle Joint, Left	Ø Open	J Synthetic Substitute	9 CementedA UncementedZ No Qualifier			
Revision (Correcting a malfunctioning or displaced de	vice by taking out or putting in components o	f the device, but not the entire device/all components of the	device, such as a screw or pin)			
Ø Medical and SurgicalS Lower JointsW Revision						
F Ankle Joint, Right G Ankle Joint, Left	Ø Open3 Percutaneous4 Percutaneous Endoscopic	J Synthetic Substitute	Z No Qualifier			
Removal (For revisions involving the removal and inser	tion of all components of a device, code the r	oot operation REMOVAL in addition to the root operation RE	PLACEMENT from the list above)			
Ø Medical and SurgicalS Lower JointsP Removal						
F Ankle Joint, Right G Ankle Joint, Left	Ø Open3 Percutaneous4 Percutaneous Endoscopic	J Synthetic Substitute	Z No Qualifier			

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*		
MS-DRG	Description	
469	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity with MCC or Total Ankle Replacement	
515	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC	
516	Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC	
517	Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC	

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity. * Other MS-DRGs may apply.

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
27702	Arthroplasty, ankle; with implant (total ankle)	С		NA
27703	Arthroplasty, ankle; revision, total ankle	С		NA
27704	Removal of ankle implant	Q2	5113	A2

OPPS - Medicare's Outpatient Prospective Payment System.

APC 5113: Level 3 Musculoskeletal Procedures

Status Indicator: C – Inpatient Procedure. Not paid under OPPS. Q2 – T-Packaged Codes. Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T."

Payment Indicator: A2 – Payment based on OPPS relative payment weight. NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)		
Code	Description	
C1776	Joint device (implantable)	

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPPS

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement website at <u>zimmerbiomet.com/reimbursement</u>

Current Procedural Terminology (CPT ®) copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Zimmer Biomet Coding Reference Guide Disclaimer

The information in this document was obtained from third party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers' rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients' medical condition, procedures performed and the products used. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. Zimmer Biomet specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.