

Patellofemoral Joint (PFJ) Arthroplasty Coding Reference Guide



Physician	
CPT® Code	CPT Description
27438	Arthroplasty, patella; with prosthesis
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27599	Unlisted procedure, femur or knee

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC	ASC Payment Indicator
27438	Arthroplasty, patella; with prosthesis	J1	5115	J8
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	J1	5115	J8
27599	Unlisted procedure, femur or knee	T	5111	NA

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification
 Status Indicator T – Multiple procedure reduction applies: J1 - Hospital Part B services paid through a comprehensive APC
 APC 5111 - Level 1 Closed Treatment Fracture and Related Services; APC 5115 – Level 5 Musculoskeletal Procedures
 Payment Indicator J8 – Device-intensive procedure; paid at adjusted rate; NA -This procedure is not on Medicare’s *List of ASC Covered Surgical Procedures*.

Coding Guidance

- In reference to a question about the proper coding of a patellofemoral arthroplasty, CPT Assistant June 2016 stated that it would be appropriate to report 27442 for the patellofemoral arthroplasty. Also, the unlisted code 27599 may be reported for a trochlear resurfacing.
- The AHA Coding Clinic for HCPCS First Quarter 2016 states that CPT code 27438, arthroplasty patella; with prosthesis, would be reported for the patellofemoral procedure performed regardless of whether 1 or 2 components were implanted.

Hospital Inpatient	
ICD-10-PCS Procedure Code and Description	MS-DRG and Description*
ØQRDØJZ Replacement of right patella with synthetic substitute, open approach	469 Major Joint Replacement Or Reattachment Of Lower Extremity with MCC
ØQRFØJZ Replacement of left patella with synthetic substitute, open approach	470 Major Joint Replacement Or Reattachment Of Lower Extremity without MCC
ØSRTØJ9 Replacement of right knee joint, femoral surface with synthetic substitute, cemented, open Approach	
ØSRTØJA Replacement of right knee joint, femoral surface with synthetic substitute, uncemented, open approach	
ØSRTØJZ Replacement of right knee joint, femoral surface with synthetic substitute, open approach	
ØSRUØJ9 Replacement of left knee joint, femoral surface with synthetic substitute, cemented, open approach	
ØSRUØJA Replacement of left knee joint, femoral surface with synthetic substitute, uncemented, open approach	
ØSRUØJZ Replacement of left knee joint, femoral surface with synthetic substitute, open approach	

CC – Complication and/or Comorbidity, MCC – Major Complication and/or Comorbidity
 *MS-DRG – Medicare Severity Diagnosis Related Group. Other MS-DRGs may be applicable

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

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare’s Outpatient Prospective Payment System (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 web site at reimbursement.zimmerbiomet.com

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