

Uni-Compartmental Knee System Coding Reference Guide



Physician	
CPT® Code	CPT Description
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
Ø Medical and Surgical S Lower Joints R Replacement			
Body Part	Approach	Device	Qualifier
C Knee Joint, Right D Knee Joint, Left T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left V Knee Joint, Tibial Surface, Right W Knee Joint, Tibial Surface, Left	Ø Open	J Synthetic Substitute L Synthetic Substitute, Unicongylar	9 Cemented A Uncemented Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG) Assignment*	
MS-DRG	Description
469	Major Joint Replacement Or Reattachment Of Lower Extremity with MCC
470	Major Joint Replacement Or Reattachment Of Lower Extremity without MCC

MCC – Major Complication and/or Comorbidity

* Other MS-DRGs may apply based on the patient’s diagnosis(es) and other procedures that may be performed.

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC	ASC Payment Indicator
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	J1	5115	J8

OPPS - Medicare’s Outpatient Prospective Payment System.

APC 5115 – Level 5 Musculoskeletal Procedures

OPPS Status Indicators: J1 - Hospital Part B services paid through a comprehensive APC.

ASC Payment Indicators: J8 – Device-intensive procedure; paid at adjusted rate

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

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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