

# Total Temporomandibular Joint (TMJ) Replacement System Coding Reference Guide

The Total Temporomandibular Joint (TMJ) Replacement System is implanted in the jaw to functionally reconstruct a diseased and/or damaged temporomandibular joint.

The Total TMJ Replacement System is a two-component system comprised of mandibular condyle and glenoid fossa components.

Physician	
CPT® Code	Description
<b>21243</b>	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
<b>D7858</b>	Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials

Hospital Inpatient: ICD-10-PCS Code and Description			
Replacement			
Ø Medical and Surgical R Upper Joints R Replacement			
Body Part	Approach	Device	Qualifier
C Temporomandibular Joint, Right D Temporomandibular Joint, Left	Ø Open	J Synthetic Substitute	Z No Qualifier
Revision <i>(Correcting a malfunctioning or displaced device by taking out or putting in components of the device, but not the entire device/all components of the device, such as a screw or pin)</i>			
Ø Medical and Surgical R Upper Joints W Revision			
C Temporomandibular Joint, Right D Temporomandibular Joint, Left	Ø Open	J Synthetic Substitute	Z No Qualifier
Removal <i>(For revisions involving the removal and insertion of all components of a device, code the root operation REMOVAL in addition to the root operation REPLACEMENT from the list above)</i>			
Ø Medical and Surgical R Upper Joints P Removal			
C Temporomandibular Joint, Right D Temporomandibular Joint, Left	Ø Open	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
140	Major Head and Neck Procedures with MCC
141	Major Head and Neck Procedures with CC
142	Major Head and Neck Procedures without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

\*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
<b>21243</b>	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	J1	5116	J8
<b>D7858</b>	Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials	B	--	NA

**OPPS** - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

**APC:** 5116 - Level 6 Musculoskeletal Procedures

**Status Indicator:** B - Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x). Not paid under OPPS; J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions.

**Payment Indicator:** J8 - Device-intensive procedure; paid at adjusted rate ; NA – This procedure is not on Medicare's List of ASC Covered Surgical Procedures

## 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'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](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement website at [zimmerbiomet.com/reimbursement](https://zimmerbiomet.com/reimbursement).**

Current Procedural Terminology (CPT®) is copyright © 2022 by the American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association

### Zimmer Biomet Coding Reference Guide Disclaimer

Providers, not Zimmer Biomet, are solely responsible for ensuring compliance with Medicare, Medicaid, and all other third-party payer requirements, as well as accurate coding, documentation and medical necessity for the services provided. Before filing claims, providers should confirm individual payer requirements and coverage/medical policies. The information provided in this document is not legal or coding advice; it is general reimbursement information for reference purposes only. It is important to note that Zimmer Biomet provides information obtained from third-party authoritative sources and such sources are subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules, and policies. This information may not be all-inclusive, and changes may have occurred subsequent to publication of this document. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. 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.

This material is intended for health care professionals. For product information, including indications, contraindications, warnings, precautions, potential adverse effects, and patient counseling information, see the package insert and [www.zimmerbiomet.com](https://www.zimmerbiomet.com).