

Physician	
CPT® Code	Description
Arthroplasty	
27440	Arthroplasty, knee, tibial plateau
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
Revision	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
Removal	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee

Hospital Inpatient: ICD-10-PCS Code and Description			
Replacement <i>(Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part)</i>			
Ø Medical and Surgical S Lower Joints R Replacement			
Body Part	Approach	Device	Qualifier
C Knee Joint, Right D Knee Joint, Left	Ø Open	6 Synthetic Substitute, Oxidized Zirconium on Polyethylene E Articulating Spacer J Synthetic Substitute L Synthetic Substitute, Unicondylar Medial M Synthetic Substitute, Unicondylar Lateral N Synthetic Substitute, Patellofemoral	9 Cemented A Uncemented Z No Qualifier
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	9 Cemented A Uncemented 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 S Lower Joints W Revision			
C Knee Joint, Right D Knee Joint, Left	Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic	8 Spacer 9 Liner J Synthetic Substitute	C Patellar Surface Z No Qualifier
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 3 Percutaneous 4 Percutaneous, Endoscopic	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: ICD-10-PCS Code and Description (cont.)

Removal (Taking out or off a device from a body part. If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL.)

Ø Medical and Surgical
S Lower Joints
P Removal

C Knee Joint, Right D Knee Joint, Left	Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic	8 Spacer 9 Liner E Articulating Spacer J Synthetic Substitute L Synthetic Substitute, Unicondylar Medial M Synthetic Substitute, Unicondylar Lateral N Synthetic Substitute, Patellofemoral	C Patellar Surface Z No Qualifier
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 3 Percutaneous 4 Percutaneous, Endoscopic	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*

MS-DRG	Description
461	Bilateral Or Multiple Major Joint Procedures Of Lower Extremity with MCC
462	Bilateral Or Multiple Major Joint Procedures Of Lower Extremity without MCC
466	Revision Of Hip Or Knee Replacement with MCC
467	Revision Of Hip Or Knee Replacement with CC
468	Revision Of Hip Or Knee Replacement without CC/MCC
469	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity with MCC Or Total Ankle Re-placement
470	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity without MCC
485	Knee Procedures With PDX Of Infection with MCC
486	Knee Procedures With PDX Of Infection with CC
487	Knee Procedures With PDX Of Infection without CC/MCC
488	Knee Procedures Without PDX Of Infection with CC/MCC
489	Knee Procedures Without PDX Of Infection 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
Arthroplasty				
27440	Arthroplasty, knee, tibial plateau	J1	5115	J8
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	J1	5115	G2
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	J1	5115	J8
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	J1	5115	J8
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	C	--	NA
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	J1	5115	J8
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	J1	5115	J8

Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
Revision				
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	C	--	NA
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	C	--	NA
Removal				
27488	Removal of prosthesis, including total knee prosthesis, methyl-methacrylate with or without insertion of spacer, knee	C	--	NA

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

Status Indicator: C - Inpatient Procedure; J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions

APC: 5115 – Level 5 Musculoskeletal Procedures

Payment Indicator: G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPSS relative payment weight; J8 – Device-intensive procedure; paid at adjusted rate; 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: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

Coding Guidance

The AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS (volume 2, Number 2, 2nd Quarter 2015) instructs that "when components of a replaced joint are removed and new components (ie. Femoral head, acetabular surface, femoral surface, and liner) are inserted, codes are assigned for the placement of the new components and for the removal of the old components."

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 zimmerbiomet.com/reimbursement

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