

Knee Systems Coding Reference Guide



| Physician | |
|---------------------|--|
| CPT® Code | Description |
| Arthroplasty | |
| 27438 | Arthroplasty, patella; with prosthesis |
| 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 (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) | | | |
| 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 (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) | | | |
| 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 |

Supplement (Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)

Ø Medical and Surgical

S Lower Joints

U Supplement

| | | | |
|--|---|----------------|--|
| C Knee Joint, Right D Knee Joint, Left | Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic | 9 Liner | 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 | 9 Liner | Z No Qualifier |

Insertion (Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part)

Ø Medical and Surgical

S Lower Joints

H Insertion

| | | | |
|---|---|-----------------|-----------------------|
| C Knee Joint, Right D Knee Joint, Left | Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic | 8 Spacer | 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 | | | | |
| 27438 | Arthroplasty, patella; with prosthesis | J1 | 5114 | G2 |
| 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 |
| 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 OPPS; 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 OPPS 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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