

Shoulder Coding Reference Guide

Physician	
CPT® Code	Description
Arthroplasty	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
Revision	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Removal	
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)

Hospital Inpatient: ICD-10-PCS Procedure 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 R Upper Joints R Replacement			
Body Part	Approach	Device	Qualifier
J Shoulder, Right K Shoulder, Left	Ø Open	J Synthetic Substitute	6 Humeral Surface 7 Glenoid Surface Z No Qualifier
J Shoulder, Right K Shoulder, Left	Ø Open	Ø Synthetic Substitute, Reverse Ball and Socket	Z No Qualifier
E Sternoclavicular Joint, Right F Sternoclavicular Joint, Left G Acromioclavicular Joint, Right H Acromioclavicular Joint, Left	Ø Open	J Synthetic Substitute	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 R Upper Joints W Revision			
J Shoulder, Right K Shoulder, Left	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	8 Spacer J Synthetic Substitute	6 Humeral Surface 7 Glenoid Surface Z No Qualifier
E Sternoclavicular Joint, Right F Sternoclavicular Joint, Left G Acromioclavicular Joint, Right H Acromioclavicular Joint, Left	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	8 Spacer J Synthetic Substitute	Z No Qualifier

Removal (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)			
Ø Medical and Surgical			
R Upper Joints			
P Removal			
J Shoulder, Right K Shoulder, Left	Ø Open	J Synthetic Substitute	6 Humeral Surface 7 Glenoid Surface Z No Qualifier
E Sternoclavicular Joint, Right F Sternoclavicular Joint, Left G Acromioclavicular Joint, Right H Acromioclavicular Joint, Left	Ø Open	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
483	Major Joint & Limb Reattachment Procedure of Upper Extremity with CC/MCC
515	Other Musculoskeletal System and Connective Tissue Procedures with MCC
516	Other Musculoskeletal System and Connective Tissue Procedures with CC
517	Other Musculoskeletal System and Connective Tissue Procedures without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.
* Other MS-DRGs may apply.

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	J1	5114	G2
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	J1	5114	J8
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	J1	5115	J8
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	J1	5116	J8
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	J1	5115	J8
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	J1	5115	J8

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center
APC: 5114 - Level 4 Musculoskeletal Procedures; 5115 – Level 5 Musculoskeletal Procedures; 5116 - Level 6 Musculoskeletal Procedures
Status Indicator: 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: 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.

HCPCS (Healthcare Common Procedure Coding System)	
Code	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 zimmerbiomet.com/reimbursement.

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