

Rotator Cuff Coding Reference Guide



Physician	
CPT® Code	Description
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair

Hospital Inpatient: ICD-10-PCS Code and Description			
Repair			
Ø Medical and Surgical L Tendon Q Repair			
Body Part	Approach	Device	Qualifier
1 Shoulder Tendon, Right 2 Shoulder Tendon, Left	Ø Open 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
Replacement			
Ø Medical and Surgical L Tendon R Replacement			
Body Part	Approach	Device	Qualifier
1 Shoulder Tendon, Right 2 Shoulder Tendon, Left	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
Supplement			
Ø Medical and Surgical L Tendon U Supplement			
Body Part	Approach	Device	Qualifier
1 Shoulder Tendon, Right 2 Shoulder Tendon, Left	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
510	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure with MCC
511	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure with CC
512	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure 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 Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	J1	5114	A2
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	J1	5114	A2
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	J1	5114	J8
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	J1	5114	A2

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

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

APC: 5114 – Level 4 Musculoskeletal Procedures

Payment Indicator: A2 - Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1763	Connective tissue, non-human (includes synthetic)

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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