Patellofemoral Joint (PFJ) Arthroplasty Coding Reference Guide

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Physician	
CPT® Code	**Description**
Arthroplasty	
27599	Unlisted procedure, femur or knee
Removal	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee

Coding and Billing Guidance

- Question: Coding Clinic for HCPCS Third Quarter 2021 published an article titled "Knee arthroplasty procedures." On page three there is a table that shows CPT code 27438 is assigned for patella arthroplasty and in the brief explanation it states that this code is "for the replacement of the patella-femoral compartment." However, there is a CPT Assistant from February 2021 that states unlisted code 27599 should be used for the replacement of the patellofemoral compartment as the procedure has greater effort and more work than what is done in 27438. We are asking Coding Clinic for HCPCS to revisit the Third Quarter 2021 article. ANSWER: On further review, assign CPT code 27599, Unlisted procedure, femur or knee, for a patellofemoral compartment arthroplasty. This advice is supported by CPT Assistant February 2021. *AHA Coding Clinic for HCPCS, third Quarter 2024, Volume 24, Number 3, Page 10.*

- In a question under the heading, "Surgery: Musculoskeletal System," in the Frequently Asked Questions (FAQs) section on page 8 of the June 2016 issue of *CPT® Assistant*, the answer incorrectly stated that it is appropriate to report code 27442 for patellofemoral arthroplasty and unlisted code 27599 may be reported for trochlear resurfacing. Upon further analysis by relevant specialty societies, it was determined this recommendation was incorrect; instead, it would be appropriate to report unlisted code 27599, *Unlisted procedure, femur or knee*, for all of the work described in the entire procedure. Therefore, the advice in this coding correction supersedes prior advice given in the June 2016 FAQ. *CPT® Assistant February 2021 / Volume 31 Issue 2*.

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	**N** Synthetic Substitute, Patellofemoral	**9** Cemented **A** Uncemented **Z** No Qualifier
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	**N** Synthetic Substitute, Patellofemoral	**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 majorjoint 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 replacement

470	Major hip and knee joint replacement or reattachment of lower extremity without 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**
27599	Unlisted procedure, femur or knee	T	5111	NA
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	J1	5115	J8

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. T – Multiple procedure reductions apply
APC: 5111 – Level 1 Musculoskeletal Procedures; 5115 - Level 5 Musculoskeletal Procedures
Payment Indicator: J8 - Device-intensive procedure; paid at adjusted rate; NA - Procedure is not Medicare's ASC Covered Procedures List (ASC 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.

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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