

# Tapestry<sup>®</sup> Biointegrative Implant Coding Reference Guide



Tapestry Biointegrative Implant is indicated for the management and protection of tendon injuries in which there has been no substantial loss of tendon tissue. Tapestry is not indicated to replace damaged tendons or reinforce the strength of any tendon repair.

Tapestry RC Arthroscopic Delivery and Fixation System is the first arthroscopic implant system for rotator cuff that combines a biointegrative collagen-based implant with fully bioabsorbable fixation and streamlined arthroscopic delivery for partial to full thickness rotator cuff tears.

Physician	
CPT <sup>®</sup> Code	Description
<b>Upper Extremity</b>	
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
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
23430	Tenodesis of long tendon of biceps
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
<b>Lower Extremity</b>	
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27380	Suture of infrapatellar tendon; primary
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
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
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon

## Hospital Inpatient: ICD-10-PCS Code and Description

**Repair** (Restoring, to the extent possible, a body part to its normal anatomic structure and function)

Ø Medical and Surgical  
L Tendon  
Q Repair

Body Part	Approach	Device	Qualifier
1 Shoulder Tendon, Right 2 Shoulder Tendon, Left 3 Upper Arm Tendon, Right 4 Upper Arm Tendon, Left L Upper Leg Tendon, Right M Upper Leg Tendon, Left N Lower Leg Tendon, Right P Lower Leg Tendon, Left Q Knee Tendon, Right R Knee Tendon, Left	Ø Open 4 Percutaneous Endoscopic	Z No Device	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  
L Tendon  
U Supplement

Body Part	Approach	Device	Qualifier
1 Shoulder Tendon, Right 2 Shoulder Tendon, Left 3 Upper Arm Tendon, Right 4 Upper Arm Tendon, Left L Upper Leg Tendon, Right M Upper Leg Tendon, Left N Lower Leg Tendon, Right P Lower Leg Tendon, Left Q Knee Tendon, Right R Knee Tendon, Left	Ø Open 4 Percutaneous Endoscopic	K Nonautologous Tissue 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

Body Part	Approach	Device	Qualifier
J Shoulder, Right K Shoulder, Left 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	6 Humeral Surface 7 Glenoid Surface Z No Qualifier

Ø Medical and Surgical  
S Lower Joints  
W Revision

Body Part	Approach	Device	Qualifier
9 Hip Joint, Right B Hip Joint, Left A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	8 Spacer 9 Liner B Resurfacing Device E Articulating Spacer J Synthetic Substitute	Z No Qualifier

Body Part	Approach	Device	Qualifier
C Knee Joint, Right D Knee Joint, Left 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	C Patellar Surface Z No Qualifier

**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 E Sternoclavicular Joint, Right F Sternoclavicular Joint, Left G Acromioclavicular Joint, Right H Acromioclavicular Joint, Left	Ø Open	J Synthetic Substitute Ø Synthetic Substitute, Reverse Ball and Socket	6 Humeral Surface 7 Glenoid Surface Z No Qualifier

Ø Medical and Surgical  
 S Lower Joints  
 R Replacement

Body Part	Approach	Device	Qualifier
9 Hip Joint, Right B Hip Joint, Left A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left	Ø Open	Ø Synthetic Substitute, Polyethylene 1 Synthetic Substitute, Metal 2 Synthetic Substitute, Metal on Polyethylene 3 Synthetic Substitute, Ceramic 4 Synthetic Substitute, Ceramic on Polyethylene 6 Synthetic Substitute, Oxidized Zirconium on Polyethylene E Articulating Spacer J Synthetic Substitute	9 Cemented A Uncemented Z No Qualifier

Body Part	Approach	Device	Qualifier
C Knee Joint, Right D Knee Joint, Left 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	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

**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

Body Part	Approach	Device	Qualifier
J Shoulder, Right K Shoulder, Left E Sternoclavicular Joint, Right F Sternoclavicular Joint, Left G Acromioclavicular Joint, Right H Acromioclavicular Joint, Left	Ø Open	J Synthetic Substitute	6 Humeral Surface 7 Glenoid Surface Z No Qualifier

<b>Ø</b> Medical and Surgical <b>S</b> Lower Joints <b>P</b> Removal			
Body Part	Approach	Device	Qualifier
<b>9</b> Hip Joint, Right <b>B</b> Hip Joint, Left <b>A</b> Hip Joint, Acetabular Surface, Right <b>E</b> Hip Joint, Acetabular Surface, Left <b>R</b> Hip Joint, Femoral Surface, Right <b>S</b> Hip Joint, Femoral Surface, Left	<b>Ø</b> Open <b>3</b> Percutaneous <b>4</b> Percutaneous Endoscopic	<b>8</b> Spacer <b>9</b> Liner <b>B</b> Resurfacing Device <b>J</b> Synthetic Substitute	<b>Z</b> No Qualifier
Body Part	Approach	Device	Qualifier
<b>C</b> Knee Joint, Right <b>D</b> Knee Joint, Left <b>T</b> Knee Joint, Femoral Surface, Right <b>U</b> Knee Joint, Femoral Surface, Left <b>V</b> Knee Joint, Tibial Surface, Right <b>W</b> Knee Joint, Tibial Surface, Left	<b>Ø</b> Open <b>3</b> Percutaneous <b>4</b> Percutaneous Endoscopic	<b>8</b> Spacer <b>9</b> Liner <b>E</b> Articulating Spacer <b>J</b> Synthetic Substitute <b>L</b> Synthetic Substitute, Unicondylar Medial <b>M</b> Synthetic Substitute, Unicondylar Lateral <b>N</b> Synthetic Substitute, Patellofemoral	<b>C</b> Patellar Surface <b>Z</b> No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
<b>466</b>	Revision of Hip or Knee Replacement with MCC
<b>467</b>	Revision of Hip or Knee Replacement with CC
<b>468</b>	Revision of Hip or Knee Replacement without CC/MCC
<b>483</b>	Major Joint & Limb Reattachment Procedure of Upper Extremity with CC/MCC
<b>500</b>	Soft tissue procedures with MCC
<b>501</b>	Soft tissue procedures with CC
<b>502</b>	Soft tissue procedures without CC/MCC
<b>510</b>	Shoulder, elbow, or forearm procedures, except major joint procedures with MCC
<b>511</b>	Shoulder, elbow, or forearm procedures, except major joint procedures with CC
<b>512</b>	Shoulder, elbow, or forearm procedures, except major joint procedures without CC/MCC
<b>515</b>	Other Musculoskeletal System and Connective Tissue Procedures with MCC
<b>516</b>	Other Musculoskeletal System and Connective Tissue Procedures with CC
<b>517</b>	Other Musculoskeletal System and Connective Tissue Procedures without CC/MCC
<b>579</b>	Other skin, subcutaneous tissue, and breast procedures with MCC
<b>580</b>	Other skin, subcutaneous tissue, and breast procedures with CC
<b>581</b>	Other skin, subcutaneous tissue, and breast procedures 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
<b>Upper Extremity</b>				
<b>23410</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	J1	5114	A2
<b>23412</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	J1	5114	A2

<b>23420</b>	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	J1	5114	J8
<b>29827</b>	Arthroscopy, shoulder, surgical; with rotator cuff repair	J1	5114	A2
<b>23473</b>	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	J1	5115	J8
<b>23474</b>	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	J1	5115	J8
<b>23430</b>	Tenodesis of long tendon of biceps	J1	5114	J8
<b>24340</b>	Tenodesis of biceps tendon at elbow (separate procedure)	J1	5114	G2
<b>24341</b>	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	J1	5114	A2
<b>24342</b>	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	J1	5114	A2
<b>Lower Extremity</b>				
<b>27385</b>	Suture of quadriceps or hamstring muscle rupture; primary	J1	5114	A2
<b>27386</b>	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	J1	5114	A2
<b>27134</b>	Revision of total hip arthroplasty; both components, with or without autograft or allograft	J1	5115	J8
<b>27137</b>	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	J1	5115	J8
<b>27138</b>	Revision of total hip arthroplasty; femoral component only, with or without allograft	J1	5115	J8
<b>27090</b>	Removal of hip prosthesis; (separate procedure)	J1	5114	G2
<b>27091</b>	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	J1	5115	G2
<b>27380</b>	Suture of infrapatellar tendon; primary	J1	5114	A2
<b>27381</b>	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	J1	5114	A2
<b>27486</b>	Revision of total knee arthroplasty, with or without allograft; 1 component	J1	5115	G2
<b>27487</b>	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	J1	5116	J8
<b>27488</b>	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	J1	5115	J8
<b>27650</b>	Repair, primary, open or percutaneous, ruptured Achilles tendon	J1	5114	J8
<b>27652</b>	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	J1	5114	J8
<b>27654</b>	Repair, secondary, Achilles tendon, with or without graft	J1	5114	J8
<b>27658</b>	Repair, flexor tendon, leg; primary, without graft, each tendon	J1	5113	A2
<b>27659</b>	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	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:** 5113 - Level 3 Musculoskeletal Procedures; 5114- Level 4 Musculoskeletal Procedures; 5115 - Level 5 Musculoskeletal Procedures ; 5116 - Level 6 Musculoskeletal Procedures

**Payment Indicator:** A2 – Payment based on OPPS relative payment weight; 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
<b>C1713</b>	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
<b>C1763</b>	Connective tissue, nonhuman (includes synthetic)
<b>*C1776</b>	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.  
 \*Not used for Tapestry Biointegrative Implant

**For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement website at [zimmerbiomet.com/reimbursement](https://zimmerbiomet.com/reimbursement)**

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