Tapestry® Biointegrative Implant Coding Reference Guide

ZIMMER BIOMET
Moving You Forward.™

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 to reinforce the strength of any tendon repair, or for patients with a known sensitivity to bovine derived materials. It is designed to function as a non-constricting protective layer between the tendon and surrounding tissue.

Physician	
CPT® Code	**Description**
Upper Extremity	
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
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
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
Lower Extremity	
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft 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
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
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

Ø Medical and Surgical
S Lower Joints
P Removal

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 **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	**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

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	**Description**
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
483	Major Joint & Limb Reattachment Procedure of Upper Extremity with CC/MCC
500	Soft tissue procedures with MCC
501	Soft tissue procedures with CC
502	Soft tissue procedures without CC/MCC
510	Shoulder, elbow, or forearm procedures, except major joint procedures with MCC
511	Shoulder, elbow, or forearm procedures, except major joint procedures with CC
512	Shoulder, elbow, or forearm procedures, except major joint procedures without 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
579	Other skin, subcutaneous tissue, and breast procedures with MCC
580	Other skin, subcutaneous tissue, and breast procedures with CC
581	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**
Upper Extremity				
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
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	J1	5116	J8

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
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
23430	Tenodesis of long tendon of biceps	J1	5114	J8
24340	Tenodesis of biceps tendon at elbow (separate procedure)	J1	5114	G2
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	J1	5114	A2
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	J1	5114	A2
Lower Extremity				
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	J1	5115	J8
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	J1	5115	J8
27385	Suture of quadriceps or hamstring muscle rupture; primary	J1	5114	A2
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	J1	5114	A2
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	J1	5115	J8
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	J1	5115	J8
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	J1	5115	J8
27090	Removal of hip prosthesis; (separate procedure)	J1	5114	G2
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	J1	5115	G2
27380	Suture of infrapatellar tendon; primary	J1	5114	A2
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	J1	5114	A2
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	J1	5115	J8
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	J1	5115	G2
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	J1	5116	J8
27488	Removal of prosthesis, including total knee prosthesis, methyl-methacrylate with or without insertion of spacer, knee	J1	5115	J8
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	J1	5114	J8
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	J1	5114	J8
27654	Repair, secondary, Achilles tendon, with or without graft	J1	5114	J8
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	J1	5113	A2

27659	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**
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1763	Connective tissue, nonhuman (includes synthetic)
***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.
*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, or visit our reimbursement website at zimmerbiomet.com/reimbursement

Zimmer Biomet Coding Reference Guide Disclaimer

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