

Patellofemoral Joint (PFJ) Arthroplasty Coding Reference Guide



Physician	
CPT® Code	Description
27438	Arthroplasty, patella; with prosthesis
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27599	Unlisted procedure, femur or knee

Hospital Inpatient: ICD-10-PCS Code and Description

Replacement			
Ø Medical and Surgical S Lower Joints R Replacement			
Body Part	Approach	Device	Qualifier
T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left	Ø Open	J Synthetic Substitute	9 Cemented A Uncemented Z No Qualifier
Revision <i>(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)</i>			
Ø Medical and Surgical S Lower Joints W Revision			
T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	J Synthetic Substitute	Z No Qualifier
Removal <i>(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)</i>			
Ø Medical and Surgical S Lower Joints P Removal			
T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left	Ø Open	J Synthetic Substitute	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 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 Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
27438	Arthroplasty, patella; with prosthesis	J1	5115	J8
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	J1	5115	J8
27599	Unlisted procedure, femur or knee	T	5111	NA

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator T – Multiple procedure reduction applies: J1 - Hospital Part B services paid through a comprehensive APC

APC 5111 - Level 1 Musculoskeletal Procedures; APC 5115 – Level 5 Musculoskeletal Procedures

Payment Indicator J8 – Device-intensive procedure; paid at adjusted rate; NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1776	Joint device (implantable)

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System (OPPS).

Coding Guidance

- In reference to a question about the proper coding of a patellofemoral arthroplasty, CPT Assistant June 2016 stated that it would be appropriate to report 27442 for the patellofemoral arthroplasty. Also, the unlisted code 27599 may be reported for a trochlear resurfacing.
- The AHA Coding Clinic for HCPCS First Quarter 2016 states that CPT code 27438, arthroplasty patella; with prosthesis, would be reported for the patellofemoral procedure performed regardless of whether 1 or 2 components were implanted.

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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