The Total Temporomandibular Joint (TMJ) Replacement System is implanted in the jaw to functionally reconstruct a diseased and/or damaged temporomandibular joint.

The Total TMJ Replacement System is a two-component system comprised of mandibular condyle and glenoid fossa components.

### Physician

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21243</td>
<td>Arthroplasty, temporomandibular joint, with prosthetic joint replacement</td>
</tr>
<tr>
<td>D7858</td>
<td>Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials</td>
</tr>
</tbody>
</table>

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

#### Replacement

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Open</td>
<td>J</td>
<td>Z</td>
</tr>
<tr>
<td>D</td>
<td>Open</td>
<td>J</td>
<td>Z</td>
</tr>
</tbody>
</table>

#### Revision

<table>
<thead>
<tr>
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<tr>
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<td>Z</td>
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</table>

#### Removal

<table>
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<td>Z</td>
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</table>

### Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>133</td>
<td>Other Ear, Nose, Mouth and Throat O.R. Procedures with CC/MCC</td>
</tr>
<tr>
<td>134</td>
<td>Other Ear, Nose, Mouth and Throat O.R. Procedures without CC/MCC</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
<th>OPPS Status Indicator</th>
<th>Ambulatory Payment Classification</th>
<th>ASC Payment Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>21243</td>
<td>Arthroplasty, temporomandibular joint, with prosthetic joint replacement</td>
<td>J1</td>
<td>5116</td>
<td>J8</td>
</tr>
</tbody>
</table>

OPPS - Medicare’s Outpatient Prospective Payment System.

APC 5116: Level 6 Musculoskeletal Procedures

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.

Payment Indicator: J8 - Device-intensive procedure; paid at adjusted rate.
<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1776</td>
<td>Joint device (implantable)</td>
</tr>
</tbody>
</table>

Note: 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 website at zimmerbiomet.com/reimbursement.