Patellofemoral Joint (PFJ) Arthroplasty Coding Reference Guide

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Physician	
CPT® Code	**Description**
Arthroplasty	
27438	Arthroplasty, patella; with prosthesis
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27599	Unlisted procedure, femur or knee
Removal	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee

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 Major Joint 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**	**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
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	C	--	NA

OPPS - Medicare's Outpatient Prospective Payment System.
Status Indicator: C – Inpatient Procedure. Not paid under OPPS; 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 - 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: 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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