

Trabecular Metal™ Total Ankle Coding Reference Guide



The Zimmer Biomet Trabecular Metal Total Ankle is an implant and instrument system engineered to preserve motion in ankle arthroplasty patients. This semi-constrained device is designed to provide joint mobility by restoring alignment, reducing pain and preserving the flexion/extension movement within the ankle joint.

Physician	
CPT® Code	CPT Description
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
Replacement			
Ø Medical and Surgical S Lower Joints R Replacement			
Body Part	Approach	Device	Qualifier
F Ankle Joint, Right G Ankle Joint, 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			
F Ankle Joint, Right G Ankle Joint, 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			
F Ankle Joint, Right G Ankle Joint, Left	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
469	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity with MCC or Total Ankle Replacement
515	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC
516	Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC
517	Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

* Other MS-DRGs may apply.

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
27702	Arthroplasty, ankle; with implant (total ankle)	J1	5115	NA
27703	Arthroplasty, ankle; revision, total ankle	J1	5115	NA
27704	Removal of ankle implant	Q2	5113	A2

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

APC: 5113 – Level 3 Musculoskeletal Procedures; 5115 – Level 5 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; Q2 – T-Packaged Codes. Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T."

Payment Indicator: A2 – Payment based on OPPS relative payment weight. 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 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

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