

Uni-Compartmental Knee System Coding Reference Guide



Physician	
CPT® Code	Description
Arthroplasty	
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment
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	L Synthetic Substitute, Unicondylar Medial M Synthetic Substitute, Unicondylar Lateral	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	L Synthetic Substitute, Unicondylar Medial M Synthetic Substitute, Unicondylar Lateral	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	CPT Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	J1	5115	J8
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	J1	5114	NA

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: 5114 – Level 4 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	HCPCS 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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