

# Elbow Coding Reference Guide

Physician	
CPT® Code	CPT Description
<b>Arthroplasty</b>	
<b>24363</b>	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
<b>Revision</b>	
<b>24370</b>	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
<b>24371</b>	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
<b>Replacement</b>			
Ø Medical and Surgical R Upper Joints R Replacement			
Body Part	Approach	Device	Qualifier
L Elbow Joint, Right M Elbow Joint, Left	Ø Open	J Synthetic Substitute	Z No Qualifier
<b>Revision</b> <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 R Upper Joints W Revision			
L Elbow Joint, Right M Elbow Joint, Left	Ø Open	J Synthetic Substitute	Z No Qualifier
<b>Removal</b> <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 R Upper Joints P Removal			
L Elbow Joint, Right M Elbow Joint, Left	Ø Open	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
507	Major Shoulder Or Elbow Joint Procedures with CC/MCC
508	Major Shoulder Or Elbow Joint Procedures without CC/MCC

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

\*Other MS-DRGs may apply.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	CPT Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
<b>24363</b>	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	J1	5116	J8
<b>24370</b>	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	J1	5115	J8
<b>24371</b>	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	J1	5115	J8

OPPS - Medicare's Outpatient Prospective Payment System.

APC 5115 - Level 5 Musculoskeletal Procedures; APC 5116 - Level 6 Musculoskeletal Procedures

Status Indicator: J1 – Hospital Part B services paid through a comprehensive APC

Payment Indicator: J8 – Device-intensive procedure; paid at adjusted rate

## 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).

**For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).**

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