

Knee Systems Coding Reference Guide



Physician	
CPT® Code	CPT Description
Arthroplasty	
27440	Arthroplasty, knee, tibial plateau
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
Revision	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
Replacement			
Ø Medical and Surgical S Lower Joints R Replacement			
Body Part	Approach	Device	Qualifier
C Knee Joint, Right D Knee Joint, Left	Ø Open	6 Synthetic Substitute, Oxidized Zirconium on Polyethylene J Synthetic Substitute L Synthetic Substitute, Unicondylar	9 Cemented A Uncemented Z No Qualifier
T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left V Knee Joint, Tibial Surface, Right W Knee Joint, Tibial Surface, 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			
C Knee Joint, Right D Knee Joint, Left	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	8 Spacer 9 Liner J Synthetic Substitute	C Patellar Surface Z No Qualifier
T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left V Knee Joint, Tibial Surface, Right W Knee Joint, Tibial Surface, 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			
C Knee Joint, Right D Knee Joint, Left	Ø Open	J Synthetic Substitute	C Patellar Surface Z No Qualifier
T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left V Knee Joint, Tibial Surface, Right W Knee Joint, Tibial Surface, Left	Ø Open	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
461	Bilateral or multiple major joint procs of lower extremity with MCC
462	Bilateral or multiple major joint procs 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 joint replacement or reattachment of lower extremity with MCC or Total Ankle Replacement
470	Major joint replacement or reattachment of lower extremity without 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
27440	Arthroplasty, knee, tibial plateau	J1	5115	J8
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	J1	5115	G2
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	J1	5115	J8
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	J1	5115	G2
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	C	--	NA
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	J1	5115	J8
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	J1	5115	NA
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	C	--	NA
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	C	--	NA

OPPS - Medicare's Outpatient Prospective Payment System.

APC 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. C – Inpatient Procedure. Not paid under OPPS.

Payment Indicator: G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight. 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)

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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