

Rotator Cuff Coding Reference Guide

Physician	
CPT® Code	CPT Description
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC	ASC Payment Indicator
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	J1	5114	A2
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	J1	5114	A2
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	J1	5114	A2
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	J1	5114	A2

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification

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

APC 5114 – Level 4 Musculoskeletal Procedures

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

Hospital Inpatient	
MS-DRG and Description*	
510	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure with MCC
511	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure with CC
512	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure without CC/MCC

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

*MS-DRG – Medicare Severity Diagnosis Related Group. Other MS-DRGs may apply

ICD-10-PCS Codes	ICD-10-PCS Description
ØLQ1ØZZ	Repair Right Shoulder Tendon, Open Approach
ØLQ14ZZ	Repair Right Shoulder Tendon, Percutaneous Endoscopic Approach
ØLQ2ØZZ	Repair Left Shoulder Tendon, Open Approach
ØLQ24ZZ	Repair Left Shoulder Tendon, Percutaneous Endoscopic Approach

HCPCS	
HCPCS Code	HCPCS Description
C1763	Connective tissue, non-human (includes synthetic)

HCPCS – Healthcare Common Procedure Coding System

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPPS

For further assistance with coding and reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com

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