

Elbow Coding Reference Guide

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

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
Replacement			
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
Revision (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)			
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
Removal (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)			
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
483	Major Joint/Limb Reattachment Procedure of Upper Extremities
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	APC Assignment	ASC Payment Indicator
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	J1	5116	J8
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	J1	5115	J8
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	J1	5116	J8

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

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

Status Indicator: J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions

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, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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