

Partial and Total Knee Replacements

Coding and Reimbursement Guide



Disclaimer:

This document is intended to help health care providers understand the reimbursement process for the ConforMIS iUni® unicompartmental knee replacement device, iDuo® bicompartamental knee replacement device, and iTotol® CR and iTotol PS tricompartmental knee replacement systems. It is for informational purposes only and represents no statement or guarantee concerning levels of reimbursement. It is not intended to increase or maximize reimbursement by any payer. Similarly, all listed codes are for informational purposes only and represent no statement or guarantee that these codes will be appropriate or that reimbursement will be made. It is the responsibility of the health care provider to confirm the appropriate coding by consulting their payer organizations regarding local policies and specific payment rates.

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References:

CPT® 2016, Professional Edition (American Medical Association)

HCPCS Codes: (<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/index.html>)

IICD-10-CM (American Medical Association)

ICD-10-PCS (American Medical Association)

Physician Fee Schedule: (<http://www.cms.gov/PhysicianFeeSched/>)

ASC Fee Schedule: (<http://www.cms.gov/ASCPayment/>)

Outpatient Prospective Payment System: (<http://www.cms.gov/HospitalOutpatientPPS/>)

Inpatient Prospective Payment System: (<http://www.cms.gov/AcuteInpatientPPS/>)

Common Billing Codes

iUni[®], iDuo[®], iTotal[®] CR, iTotal PS

ICD-10-CM diagnosis codes

ICD-10-CM Code	Code Description
M17.0	Bilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post- traumatic osteoarthritis, unspecified knee
M17.31	Unilateral post- traumatic osteoarthritis, right knee
M17.32	Unilateral post- traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis
M17.5	Other unilateral secondary osteoarthritis of knees of knee
M17.9	Osteoarthritis of knee, unspecified
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M21.10	Varus deformity, not elsewhere classified, unspecified site
M21.161	Varus deformity, not elsewhere classified, right knee
M21.162	Varus deformity, not elsewhere classified, left knee
M21.169	Varus deformity, not elsewhere classified, unspecified knee

Common Billing Codes

iUni[®], iDuo[®], iTotal[®] CR, iTotal PS

ICD-10-CM diagnosis codes (continued)

ICD-10-CM Code	Code Description
M21.00	Valgus deformity, not elsewhere classified, unspecified site
M21.061	Valgus deformity, not elsewhere classified, right knee
M21.062	Valgus deformity, not elsewhere classified, left knee
M21.069	Valgus deformity, not elsewhere classified, unspecified knee
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.661	Stiffness of right knee, not elsewhere classified
M25.662	Stiffness of left knee, not elsewhere classified
M25.669	Stiffness of unspecified knee, not elsewhere classified

ICD-10-CM procedure codes

ICD-10-CM Code	Code Description
0SRCOJ9	Replacement of right knee joint with synthetic substitute, cemented, open approach
0SRCOJZ	Replacement of right knee joint with synthetic substitute, open approach
0SRDOJ9	Replacement of left knee joint with synthetic substitute, cemented, open approach
0SRDOJZ	Replacement of left knee joint with synthetic substitute, open approach
0SRTOJ9	Replacement of right knee joint, femoral surface with synthetic substitute, cemented, open approach
0SRTOJZ	Replacement of right knee joint, femoral surface with synthetic substitute, open approach
0SRUOJ9	Replacement of left knee joint, femoral surface with synthetic substitute, cemented, open approach
0SRUOJZ	Replacement of left knee joint, femoral surface with synthetic substitute, open approach

Common Billing Codes

iUni[®], iDuo[®], iTotal[®] CR, iTotal PS

ICD-10-CM procedure codes (continued)

ICD-10-CM Code	Code Description
0SRV0J9	Replacement of right knee joint, tibial surface with synthetic substitute, cemented, open approach
0SRV0JZ	Replacement of right knee joint, tibial surface with synthetic substitute, open approach
0SRW0J9	Replacement of left knee joint, tibial surface with synthetic substitute, cemented, open approach
0SRW0JZ	Replacement of left knee joint, tibial surface with synthetic substitute, open approach Revision

Inpatient Hospital FY 2016 Medicare Prospective Payment

MS-DRG	MS-DRG Description MCC = Major Complication/Comorbidity CC = Complication/Comorbidity	FY 2016 National Average Payment
461	Bilateral or Multiple Major Joint Procedures of Lower Extremity with MCC	\$30,100.59
462	Bilateral or Multiple Major Joint Procedures of Lower Extremity without MCC	\$18,980.79
469	Major joint replacement or reattachment of Lower Extremity with MCC	\$19,463.20
470	Major joint replacement or reattachment of Lower Extremity without MCC	\$12,291.31
485	Knee procedures with principal diagnosis of infection with MCC	\$18,973.11
486	Knee procedures with principal diagnosis of infection with CC	\$12,216.91
487	Knee procedures with principal diagnosis of infection without CC/MCC	\$9,142.90

Common Billing Codes

iUni®, iDuo®, iTotal® CR, iTotal PS

Inpatient Hospital FY 2016 Medicare Prospective Payment (continued)

MS-DRG	MS-DRG Description MCC = Major Complication/Comorbidity CC = Complication/Comorbidity	FY 2016 National Average Payment
488	Knee procedures without principal diagnosis of infection with CC/MCC	\$9,142.90
489	Knee procedures without principal diagnosis of infection without CC/MCC	\$7,670.85

Medicare 2016 National Average Payment Physician, Hospital Outpatient, and Ambulatory Surgery Center

CPT Code	Description	Physician	Hospital Outpatient	ASC
Implantation				
27446	Arthroplasty, knee, condyle and plateau, medial OR lateral compartment	\$1,233.39	\$10,537.90	\$7,886.65
27446-22*	Arthroplasty, knee, condyle and plateau, medial OR lateral compartment <i>iDuo G2 only</i>	Contractor Priced	\$10,537.90	\$7,886.65
27446 Plus 27438	Arthroplasty, knee, condyle and plateau, medial OR lateral compartment Arthroplasty, patella; with prosthesis <i>iDuo G2 only</i>	\$1,233.39 Plus \$449.38 (\$898.77 x 50%)	\$10,537.90	\$7,886.65
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) <i>iTotal CR only</i>	\$1,440.59	N/A	N/A
27599	Unlisted procedure, femur or knee <i>iDuo G2 only</i>	Contractor Priced	\$172.33	N/A

Common Billing Codes

iUni[®], iDuo[®], iTotal[®] CR, iTotal PS

Medicare 2016 National Average Payment Physician, Hospital Outpatient, and Ambulatory Surgery Center (continued)

CPT Code	Description	Physician	Hospital Outpatient	ASC
CT Imaging				
73700	Computed tomography, lower extremity; without contrast material(s)	\$203.27 (GL) \$130.56 (TC) \$53.15 (26)	\$112.49	\$62.90
73701	Computed tomography, lower extremity; with contrast materials	\$257.21 (GL) \$195.51 (TC) \$61.69 (26)	\$236.86	\$132.45
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	\$313.52 (GL) \$249.23 (TC) \$64.29 (26)	\$236.86	\$132.45

GL: Global; refers to the entire procedure and is the technical and professional component combined

TC: Technical Component; generally associated with the provider who owns or is responsible for provision of the equipment, supplies, etc

26/Prof: Professional Component; includes all of the provider's work in providing the service, including interpretation and reporting of the procedure, cost of malpractice insurance, and other expenses that are part of (or incident to) maintaining a provider's practice

***22, CPT Code Modifier:** Service(s) provided is greater than that usually required for the listed procedure



28 Crosby Drive | Bedford, MA | 01803
Office: 781.345.9001 | Fax: 781.345.0147
reimbursement@conformis.com
www.conformis.com



Authorized Representative:
Medical Device Safety Service GMBH
Schiffgraben 41, 30175, Hannover, Germany
P: +49 (0511) 6262.8630
F: +49 (0511) 6262.8633

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MK-02574-AD 05/16