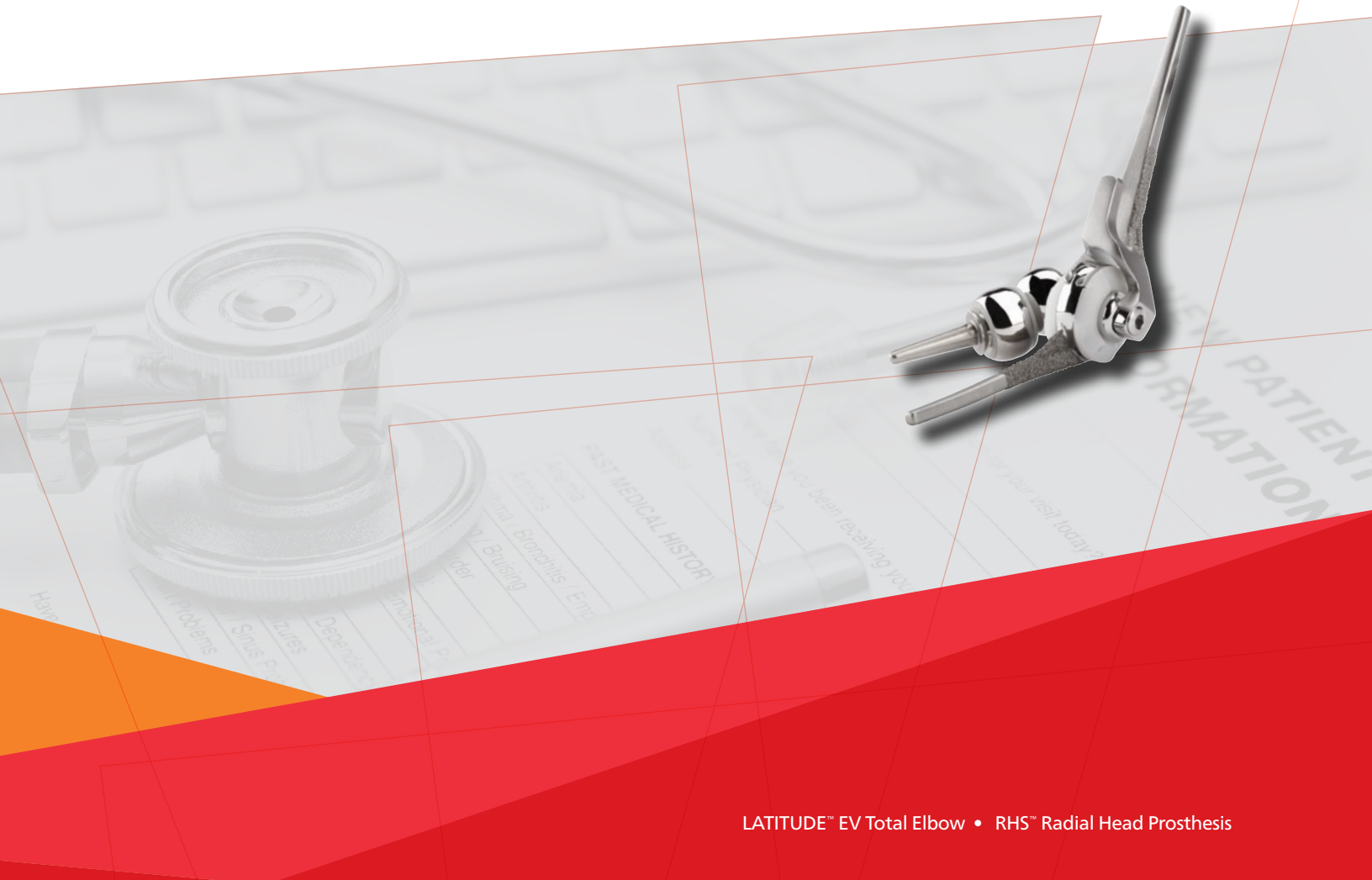


# Elbow Arthroplasty & Proximal Fracture Surgical Procedures



LATITUDE™ EV Total Elbow • RHS™ Radial Head Prosthesis

This **Reimbursement & Coding Reference Guide** is intended to illustrate some commonly billed codes for elbow arthroplasty and proximal fracture procedures, with associated assignment national average rates for inpatient (MS-DRG), unadjusted outpatient payment rates (APC) and estimated adjusted payment rates for the ASC. Coding for these procedures is challenging due to the complexity, methods of treatment, and the varied reimbursement policies of individual payers. Please consult your payers for specific coding guidance, and feel free to call the Wright Hotline for additional assistance.

## 2016

MS-DRG rates effective for discharges from **October 1, 2015-September 30, 2016**.

APC and ASC rates valid through the end of 2016. Physician rates valid through the end of 2016.



## ELBOW ARTHROPLASTY & PROXIMAL FRACTURE

Surgical Procedures Reimbursement & Coding Reference Guide

### Common Physician Codes for Elbow Arthroplasty & Proximal Fracture Surgical Procedures

CPT* Code	Code Description	2016 Medicare Fee Schedule** (Facility & Non-Facility)
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	\$1,303.63
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	\$751.89
24361	Arthroplasty, elbow; with distal humeral replacement	\$1,027.58
24362	Arthroplasty, elbow; with implant and fascia lata ligament replacement	\$1,093.11
24363	Arthroplasty, elbow; with distal and proximal ulnar prosthetic replacement (eg, total elbow)	\$1,500.92
24365	Arthroplasty, radial head	\$654.14
24366	Arthroplasty, radial head; with implant	\$698.54
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	\$1,603.67
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	\$1,839.62
24666	Open treatment of radial or neck fracture, included internal fixation or radial head excision, when performed; with radial head prosthetic replacement	\$753.32
+20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; imageless (List separately in addition to code for primary procedure.)	\$152.53

*NOTE: Code 24160 may not be reported with revision elbow codes (24370-24371) if a prosthesis is removed and replaced in the same elbow, same surgical setting. Refer to codes 24370 and 24371 for revision elbow arthroplasty procedures.*

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\*\* Based on Medicare National Payment Amount. Individual payments will vary based on Medicare's geographic adjustments.

+ Add-on code

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## ELBOW ARTHROPLASTY & PROXIMAL FRACTURE

Surgical Procedures Reimbursement & Coding Reference Guide

### Common Hospital InPatient MS-DRGs for Elbow Arthroplasty & Proximal Fracture Surgical Procedures

ICD-10-PCS Procedure Code		Common MS-DRG Assignment		FY-2016 Medicare (Nat'l Avg.) Payment <sup>1,2</sup>
<b>ORRLOJZ</b>	Replacement of Right Elbow Joint with Synthetic Substitute, Open Approach	483	Major Joint and Limb Reattachment Procedures of Upper Extremities	\$14246.37
<b>ORRMOJZ</b>	Replacement of Left Elbow Joint with Synthetic Substitute, Open Approach			
<b>ORPMOJZ</b>	Removal of Synthetic Substitute from Left Elbow Joint, Open Approach	495	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC	\$17,803.38
<b>ORPLOJZ</b>	Removal of Synthetic Substitute from Right Elbow Joint, Open Approach	496	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC	\$10,304.36
		497	Local Excision and Removal Internal Fixation Devices Except Hip and Femur without CC/MCC	\$7,343.13
<b>ORQLOZZ</b>	Repair Right Elbow Joint, Open Approach	507	Major Shoulder or Elbow Joint Procedures with CC/MCC	\$11,040.68
<b>ORQMOZZ</b>	Repair Left Elbow Joint, Open Approach	508	Major Shoulder or Elbow Joint Procedures without CC/MCC	\$9,526.71
<b>ORWLOJZ</b>	Revision of Synthetic Substitute in Right Elbow Joint, Open Approach	515	Other Musculoskeletal System and Connective Tissues O.R. Procedure with MCC	\$18,813.68
<b>ORWMOJZ</b>	Revision of Synthetic Substitute in Left Elbow Joint, Open Approach	516	Other Musculoskeletal System and Connective Tissues O.R. Procedure with CC	\$12,205.10
		517	Other Musculoskeletal System and Connective Tissues O.R. Procedure without CC/MCC	\$10,460.84
<b>8E0XXBF</b>	Computer Assisted Procedure of Upper Extremity, With Fluoroscopy	Additional procedures that might be coded along with the above procedures, when applicable		
<b>8E0XXBG</b>	Computer Assisted Procedure of Upper Extremity, With Computerized Tomography			
<b>8E0XXBH</b>	Computer Assisted Procedure of Upper Extremity, With Magnetic Resonance Imaging			
<b>8E0XXBZ</b>	Computer Assisted Procedure of Upper Extremity			

1 Medicare National Average DRG rates based on the FY 2016 IPPS Final Rule and Correction Notice tables published on the CMS website.

2 Individual facility rates will vary.

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## ELBOW ARTHROPLASTY & PROXIMAL FRACTURE

Surgical Procedures Reimbursement & Coding Reference Guide

### Common Hospital Outpatient APCs for Elbow Arthroplasty & Proximal Fracture Surgical Procedures

CPT* HCPCS Code	Code Description	APC Assignment	Status Indicator <sup>3</sup>	2016 Medicare APC Rate <sup>4</sup>
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	5122 Level 2 Musculoskeletal Procedures	Q2	\$2,395.59
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	5122 Level 2 Musculoskeletal Procedures	Q2	\$2,395.59
24361	Arthroplasty, elbow; with distal humeral replacement	5125 Level 5 Musculoskeletal Procedures	J1	\$10,537.90
24362	Arthroplasty, elbow; with implant and fascia lata ligament replacement	5125 Level 5 Musculoskeletal Procedures	J1	\$10,537.90
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	5125 Level 5 Musculoskeletal Procedures	J1	\$10,537.90
24365	Arthroplasty, radial head	5124 Level 4 Musculoskeletal Procedures	J1	\$7,064.07
24366	Arthroplasty, radial head; with implant	5125 Level 5 Musculoskeletal Procedures	J1	\$10,537.90
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	5125 Level 5 Musculoskeletal Procedures	J1	\$10,537.90
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	5125 Level 5 Musculoskeletal Procedures	J1	\$10,537.90
24666	Open treatment of radial head or neck fracture, included internal fixation or radial head excision, when performed; with radial head prosthetic replacement	5124 Level 4 Musculoskeletal Procedures	J1	\$7,064.07
+20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; imageless (List separately in addition to code for primary procedure)	N/A	N	N/A
C1776	Joint device (implantable)	N/A	N	N/A
C1713	Anchor/screw for opposing bone-to bone or soft tissue-to-bone (implantable)	N/A	N	N/A

**NOTE:** Code 24160 may not be reported with revision elbow codes (24370-24371) if a prosthesis is removed and replaced in the same elbow, same surgical setting. Refer to codes 24370 and 24371 for revision elbow arthroplasty procedures.

**NOTE:** APC payments include the cost of the implantable device.

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3 Status Indicator: "N" means items and services packed into APC rates – no separate payment "J1" are OPD services paid through a comprehensive APC. "Q2" are T-Packaged Codes.

4 As published in Addendum B (Jan. 2016) of the Hospital Outpatient Prospective Payment System rules. Individual facility rates will vary.

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## ELBOW ARTHROPLASTY & PROXIMAL FRACTURE

Surgical Procedures Reimbursement & Coding Reference Guide

### Common Ambulatory Surgery Center (ASC) Payment Rates for Elbow Arthroplasty Surgical Procedures

CPT* Code	Code Description	2016 Medicare ASC Payment Rate <sup>5</sup>
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	\$1,339.58
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	\$1,339.58
24361	Arthroplasty, elbow; with distal humeral replacement	\$7,886.65
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	\$7,886.65
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	\$7,886.65
24365	Arthroplasty, radial head	\$3,532.70
24366	Arthroplasty, radial head; with implant	\$7,886.65
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	\$7,886.65
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	\$7,886.65
24666	Open treatment of radial head or neck fracture, included internal fixation or radial head excision, when performed; with radial head prosthetic replacement	\$3,532.70

*NOTE: Code 24160 may not be reported with revision elbow codes (24370-24371) if a prosthesis is removed and replaced in the same elbow, same surgical setting. Refer to codes 24370 and 24371 for revision elbow arthroplasty procedures.*

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<sup>5</sup> As published in Addendum AA (Jan. 2016) of the Ambulatory Surgery Center Payment rules. Individual facility rates will vary.

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