

WristMotion Lunate Arthroplasty System: Suggested Coding

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Procedure

CPT 25444 Arthroplasty with prosthetic replacement; lunate

Possible Additional Procedures

CPT 25215 Carpectomy, All bones of the proximal row

CPT 25230 Radial styloidectomy

CPT 25310 Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon

CPT 25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints

CPT 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel

Possible ICD-10-CM Diagnostic Codes

M19.031 Primary osteoarthritis, right wrist

M19.032 Primary osteoarthritis, left wrist

M19.131 Post-traumatic osteoarthritis, right wrist

M19.132 Post-traumatic osteoarthritis, left wrist

Reimbursement

Primary procedure reimbursement at 100%

Secondary, tertiary etc. procedures reimbursement at 50%

Not all additional procedures will be reimbursed

- 25444 includes removal of the lunate and therefore PRC may not also be covered

Surgical notes per physician recommendation

- Has failed non-operative treatment with activity modification, splints, and injections etc.
 - Operative course of treatment to include each of the claimed procedures
 - Pathology does not allow for 4-corner fusion (lunate eroded/collapsed) etc.
 - Lunate fossa non-symptomatic
 - Performed arthroplasty with prosthetic replacement, lunate; fixed into capitate.
 - Articulates within lunate fossa
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