**WristMotion Lunate**

**Arthroplasty System: Suggested Coding**

**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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