

	Joint Replacement C1776	
	Policy Number: POL-PP- 332	Original Creation Date 7/1/2026
	Version Number: 001	Version Effective Date 7/1/2026
	Policy Status: Active	Next Review Date 7/1/2027

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL	FACILITY	DME	AMBULATORY SURGERY	LAB	OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP¹	SMALL GROUP ACA	JAA²	FEP³	DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Joint replacement surgery, or arthroplasty, removes damaged cartilage and bone, replacing them with metal, plastic, or ceramic prosthetics to relieve severe pain and restore mobility in joints.

Policy

The American Hospital Association Coding Clinic in the HCPCS Q1 2020 and Q4 2021 publication states, C1776 is a joint device that functions as its natural counterpart.

Blue KC agrees with this interpretation. Individual elements of joint components, such as stems, extenders, etc. are not reported separately as code C1776 represents a joint component in its entirety.

The Centers for Medicare and Medicaid Services lists a Medically Unlikely Edit (MUE) of 10 for HCPCS C1776. The MUE of 10 may be used for multiple joint replacements in the feet and hands. One unit of C1776 is allowed for shoulder, knee, or hip replacement.

Anchors and screws for bone fixation or for opposing bone-to-bone, or soft tissue to bone, may be reported separately with C1713 and C1741.

Coding

HCPCS	Definition
C1776	Joint device (implantable)
C1741	Anchor/screw for bone fixation, absorbable, metallic (implantable)
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

References and Resources

Blue KC Provide Reference Guide
Centers for Medicare and Medicaid Services
American Hospital Association

Related Documents

NA

Revision History

Version	Date	Summary of Revisions
001	7/1/2026	Initial Version