

Hip Systems Coding Reference Guide



Physician	
CPT [®] Code	Description
Arthroplasty	
27120	Acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
Revision	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
Removal	
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer

Hospital Inpatient: ICD-10-PCS Code and Description			
Replacement <i>(Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part)</i>			
Ø Medical and Surgical S Lower Joints R Replacement			
Body Part	Approach	Device	Qualifier
9 Hip Joint, Right B Hip Joint, Left	Ø Open	1 Synthetic Substitute, Metal 2 Synthetic Substitute, Metal on Polyethylene 3 Synthetic Substitute, Ceramic 4 Synthetic Substitute, Ceramic on Polyethylene 6 Synthetic Substitute, Oxidized Zirconium on Polyethylene E Articulating Spacer J Synthetic Substitute	9 Cemented A Uncemented Z No Qualifier
A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left	Ø Open	Ø Synthetic Substitute, Polyethylene 1 Synthetic Substitute, Metal 3 Synthetic Substitute, Ceramic J Synthetic Substitute	9 Cemented A Uncemented Z No Qualifier
Revision <i>(Correcting a malfunctioning or displaced device by taking out or putting in components of the device, but not the entire device/all components of the device, such as a screw or pin)</i>			
Ø Medical and Surgical S Lower Joints W Revision			
9 Hip Joint, Right B Hip Joint, Left	Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic	8 Spacer 9 Liner B Resurfacing Device E Articulating Spacer J Synthetic Substitute	Z No Qualifier
A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left	Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: ICD-10-PCS Procedure Code and Description (cont.)

Removal (Taking out or off a device from a body part. If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL.)

Ø Medical and Surgical
S Lower Joints
P Removal

Body Part	Approach	Device	Qualifier
9 Hip Joint, Right B Hip Joint, Left	Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic	8 Spacer 9 Liner B Resurfacing Device J Synthetic Substitute	Z No Qualifier
A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left	Ø Open 3 Percutaneous 4 Percutaneous, Endoscopic	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*

MS-DRG	Description
461	Bilateral Or Multiple Major Joint Procedures Of Lower Extremity with MCC
462	Bilateral Or Multiple Major Joint Procedures Of Lower Extremity without MCC
466	Revision Of Hip Or Knee Replacement with MCC
467	Revision Of Hip Or Knee Replacement with CC
468	Revision Of Hip Or Knee Replacement without CC/MCC
469	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity with MCC Or Total Ankle Replacement
470	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity without MCC
480	Hip And Femur Procedures Except Major Joint with MCC
481	Hip And Femur Procedures Except Major Joint with CC
482	Hip And Femur Procedures Except Major Joint without CC/MCC
521	Hip Replacement With Principal Diagnosis Of Hip Fracture with MCC
522	Hip Replacement With Principal Diagnosis Of Hip Fracture without MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient’s diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)

CPT Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
Arthroplasty				
27120	Acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type)	C	--	NA
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	C	--	NA
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	J1	5115	J8
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	C	--	NA
Revision				
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	C	--	NA
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	C	--	NA
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	C	--	NA
Removal				
27090	Removal of hip prosthesis; (separate procedure)	C	--	NA
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	C	--	NA

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

Status Indicator: C - Inpatient Procedure; J1 – Hospital Part B services paid through a comprehensive APC

APC: 5115 – Level 5 Musculoskeletal Procedures.

Payment Indicator: J8 – Device-intensive procedure; paid at adjusted rate; NA - This procedure is not on Medicare’s ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)

Code	Description
C1776	Joint device (implantable)

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

Coding Guidance

The AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS (volume 2, Number 2, 2nd Quarter 2015) instructs that “when components of a replaced joint are removed and new components (ie. Femoral head, acetabular surface, femoral surface, and liner) are inserted, codes are assigned for the placement of the new components and for the removal of the old components.”

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement website at zimmerbiomet.com/reimbursement

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