# HipInsight™ System Coding Reference Guide for Hip Replacement

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The HipInsight™ system is a manual surgical instrument and associated software application designed for use in planning surgery and aligning the acetabular components during hip arthroplasty procedures.

The HipInsight 3D Display and Anchoring application with the HoloLens 2 is indicated for visual alignment of an acetabular cup impactor during hip arthroplasty when pin-based fixation of the HipInsight Smart Tool is utilized.

| **Physician** | |
|---|---|
| **CPT® Code** | **Description** |
| **0055T** | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure) |
| **Pre-Operative Scan** | |
| **73700** | Computed tomography, lower extremity; without contrast material |
| **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 |
| **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 |

**Coding Guidance**
Technology that utilizes preoperative imaging allows customization to each individual patient's anatomy. Computer assisted navigation when CT/MRI images are utilized, CPT code 0055T is assigned. AHA Coding Clinic® HCPCS (Volume 21, Number 3, 2nd Quarter 2021)

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."

**Pre-Operative Scans**
The first scan may be acquired for a gross overview of the patient's anatomy; essentially a diagnostic scan that is ordinarily billable assuming formal interpretation is made with generation of an imaging report. If the patient has diagnostic findings on the first scan and is a surgical candidate, a scan with much greater detail may be needed.

If a second scan is taken for diagnostic purposes and a formal interpretation is made with generation of an imaging report, that substantiates separate coding and billing. However, if the second scan is taken only for the purpose of the HipInsight system, it would be considered integral and should not be separately coded or billed.

Coverage will likely need to be evaluated for the pre-operative CT scan needed to use the HipInsight™ System, along with the arthroplasty procedure. Providers should contact payers directly to clarify coverage policies and prior authorization requirements as these can vary by payer.

| Hospital Inpatient: ICD-10-PCS Procedure Code and Description | | | |
|---|---|---|---|
| **Replacement** *(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)* | | | |
| **Ø** Medical and Surgical<br>**S** Lower Joints<br>**R** Replacement | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **9** Hip Joint, Right<br>**B** Hip Joint, Left | **Ø** Open | **1** Synthetic Substitute, Metal<br>**2** Synthetic Substitute, Metal on Polyethylene<br>**3** Synthetic Substitute, Ceramic<br>**4** Synthetic Substitute, Ceramic on Polyethylene<br>**6** Synthetic Substitute, Oxidized Zirconium on Polyethylene<br>**E** Articulating Spacer<br>**J** Synthetic Substitute | **9** Cemented<br>**A** Uncemented<br>**Z** No Qualifier |
| **9** Hip Joint, Acetabular Surface, Right<br>**B** Hip Joint, Acetabular Surface, Left | **Ø** Open | **Ø** Synthetic Substitute, Polyethylene<br>**1** Synthetic Substitute, Metal<br>**3** Synthetic Substitute, Ceramic<br>**J** Synthetic Substitute | **9** Cemented<br>**A** Uncemented<br>**Z** No Qualifier |
| **Revision** *(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)* | | | |
| **Ø** Medical and Surgical<br>**S** Lower Joints<br>**W** Revision | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **9** Hip Joint, Right<br>**B** Hip Joint, Left | **Ø** Open<br>**3** Percutaneous<br>**4** Percutaneous Endoscopic | **8** Spacer<br>**9** Liner<br>**B** Resurfacing Device<br>**E** Articulating Spacer<br>**J** Synthetic Substitute | **Z** No Qualifier |
| **9** Hip Joint, Acetabular Surface, Right<br>**B** Hip Joint, Acetabular Surface, Left | **Ø** Open<br>**3** Percutaneous<br>**4** Percutaneous Endoscopic | **J** Synthetic Substitute | **Z** No Qualifier |
| **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<br>**S** Lower Joints<br>**P** Removal | | | |
| **9** Hip Joint, Right<br>**B** Hip Joint, Left | **Ø** Open<br>**3** Percutaneous<br>**4** Percutaneous Endoscopic | **8** Spacer<br>**9** Liner<br>**B** Resurfacing Device<br>**J** Synthetic Substitute | **Z** No Qualifier |
| **9** Hip Joint, Acetabular Surface, Right<br>**B** Hip Joint, Acetabular Surface, Left | **Ø** Open<br>**3** Percutaneous<br>**4** Percutaneous Endoscopic | **J** Synthetic Substitute | **Z** No Qualifier |
| **Other Procedures** *(Methodologies which attempt to remediate or cure a disorder or disease.)* | | | |
| **8** Other Procedures<br>**E** Physiological Systems and Anatomical Regions<br>**0** Other Procedures | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **Y** Lower Extremity | **X** External | **B** Computer Assisted Procedure | **G** With Computerized Tomography |

| Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)* | |
|---|---|
| **MS-DRG** | **Description** |
| **461** | Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity with MCC or Total Ankle Replacement |
| **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 |

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 Free-Standing Ambulatory Surgery Center (ASC)**

| CPT Code | CPT Description | OPPS Status Indicator | APC Assignment | ASC Payment Indicator |
|---|---|---|---|---|
| **0055T** | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure) | N | -- | NA |
| **73700** | Computed tomography, lower extremity; without contrast material | Q3 | 5522 | Z2 |
| **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 |
| **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 |
| **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; N - Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment; Q3: Codes That May Be Paid Through a Composite APC.
**APC**: 5115 – Level 5 Musculoskeletal Procedures; 5522 - Level 2 Imaging without contrast.
**Payment Indicator**: J8 – Device-intensive procedure; paid at adjusted rate; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL); Z2: Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.

**HCPCS (Healthcare Common Procedure Coding System)**

| Code | Description |
|---|---|
| **C1776** | Joint device (implantable) |

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

**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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