

# OrthoGrid Hip AI<sup>®</sup> Coding Reference Guide

OrthoGrid Hip AI<sup>®</sup> is an image-processing software indicated to assist in the positioning of total hip replacement and hip preservation components. It is intended to assist in precisely positioning total hip replacement and hip preservation components intra-operatively by measuring their positions relative to the bone structures of interest, provided that the points of interest can be identified from radiology images. Clinical judgment and experience are required to properly use the device. The device is not for primary image interpretation. The software is not for use on mobile phones.

Physician	
CPT <sup>®</sup> Code	Description
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)

Hospital Inpatient: ICD-10-PCS Code and Description			
Other Procedures - Physiological Systems and Anatomical Regions - Other Procedures (Methodologies which attempt to remediate or cure a disorder or disease)			
8 Other Procedures E Physiological Systems and Anatomical Regions 0 Other Procedures			
Body Part	Approach	Device	Qualifier
Y Lower Extremity	X External	B Computer Assisted Procedure	F With Fluoroscopy

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
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 <sup>®</sup> Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	N	-	NA

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

Status Indicator: N: Paid under OPPS; payment is packaged into payment for other services.

Payment Indicator: NA - This procedure is not on Medicare’s ASC Covered Procedures List (CPL).

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).

Current Procedural Terminology (CPT®) is copyright © 2024 by the American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association

### **Zimmer Biomet Coding Reference Guide Disclaimer**

Providers, not Zimmer Biomet, are solely responsible for ensuring compliance with Medicare, Medicaid, and all other third-party payer requirements, as well as accurate coding, documentation and medical necessity for the services provided. Before filing claims, providers should confirm individual payer requirements and coverage/medical policies. The information provided in this document is not legal or coding advice; it is general reimbursement information for reference purposes only. It is important to note that Zimmer Biomet provides information obtained from third-party authoritative sources and such sources are subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules, and policies. This information may not be all-inclusive, and changes may have occurred subsequent to publication of this document. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. Zimmer Biomet specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.

This material is intended for health care professionals. For product information, including indications, contraindications, warnings, precautions, potential adverse effects, and patient counseling information, see the Instructions for Use and [www.zimmerbiomet.com](http://www.zimmerbiomet.com).

©2025 Zimmer Biomet



**ZIMMER BIOMET**  
Moving You Forward.™

4982.1-US-en Issue Date 2025-01