## THP<sup>™</sup> Anatomic Hip Fracture Plating System Coding Reference Guide



Telescoping Hip Plate (THP) is an anatomic hip fracture plating system clinically designed to address the current complications of femoral neck fracture fixation by combining the rotational control of three telescoping screws with the strength and stability of a side plate. THP is indicated for both intracapsular fractures and intertrochanteric fractures of the proximal femur.

Physician		
CPT® Code	Description	
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	
Removal		
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	

Hospital Inpatient: ICD-10-P	CS Code and Description				
Reposition					
<ul><li>Ø Medical and Surgical</li><li>Q Lower Bones</li><li>S Reposition</li></ul>					
Body Part	Approach	Device	Qualifier		
<ul><li>6 Upper Femur, Right</li><li>7 Upper Femur, Left</li></ul>			<b>Z</b> No Qualifier		
Insertion					
Ø Medical and Surgical Q Lower Bones H Insertion					
6 Upper Femur, Right 7 Upper Femur, Left	Ø Open	4 Internal Fixation Device	<b>Z</b> No Qualifier		
<b>Revision</b> (Correcting a malfunctioning or	displaced device by taking out or putting in	components of the device, but not the entire device/all componen	ts of the device, such as a screw or pin)		
<ul> <li>Ø Medical and Surgical</li> <li>Q Lower Bones</li> <li>W Revision</li> </ul>					
<b>6</b> Upper Femur, Right <b>7</b> Upper Femur, Left	Ø Open	4 Internal Fixation Device	<b>Z</b> No Qualifier		
Removal (For revisions involving the remo	oval and insertion of all components of a devi	ice, code the root operation REMOVAL in addition to the root open	ation REPLACEMENT from the list above)		
<ul><li>Ø Medical and Surgical</li><li>Q Lower Bones</li><li>P Removal</li></ul>					
6 Upper Femur, RightØ Open4 Internal Fixation Device7 Upper Femur, Left		<b>Z</b> No Qualifier			

lospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*		
MS-DRG	Description	
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	
498	Local Excision And Removal Internal Fixation Devices Of Hip And Femur with CC/MCC	
499	Local Excision And Removal Internal Fixation Devices Of Hip And Femur without CC/MCC	

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

<sup>\*</sup>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
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	С		NA
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	С		NA
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	С		NA
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Q2	5073	A2

**OPPS** - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center **APC**: 5073 - Level 3 Excision/ Biopsy/ Incision and Drainage.

**Status Indicator**: C – Inpatient Procedure; Q2 – T-Packaged Codes. Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T." **Payment Indicator**: A2 – Payment based on OPPS relative payment weight; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)		
Code	Description	
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	

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

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or <a href="mailto:reimbursement@zimmerbiomet.com">reimbursement@zimmerbiomet.com</a>, or visit our reimbursement web site at <a href="mailto:zimmerbiomet.com/reimbursement">zimmerbiomet.com/reimbursement</a>.

 $Current Procedural Terminology (CPT^*) is copyright © 2022 by the American Medical Association. All rights reserved. CPT^* is a registered trademark of the American Medical Association and the A$ 

## 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 package insert and www.zimmerbiomet.com.

©2021, 2023 Zimmer Biomet 1978.3-US-en-Issue Date-2023-01