

Hip Systems Coding Reference Guide

Physician	
CPT® Code	CPT 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

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
Replacement			
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 J Synthetic Substitute	9 Cemented A Uncemented Z No Qualifier
A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular 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
R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left	Ø Open	1 Synthetic Substitute, Metal 3 Synthetic Substitute, Ceramic J Synthetic Substitute	9 Cemented A Uncemented 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 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 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 (For revisions involving the removal and insertion of all components of a device, code the root operation REMOVAL in addition to the root operation REPLACEMENT from the list above)			
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
461 462	Bilateral or multiple major joint procs of lower extremity with MCC Bilateral or multiple major joint procs of lower extremity without MCC
466 467 468	Revision of hip or knee replacement with MCC Revision of hip or knee replacement with CC Revision of hip or knee replacement without CC/MCC
469 470	Major joint replacement or reattachment of lower extremity with MCC or Total Ankle Replacement Major joint replacement or reattachment of lower extremity without MCC

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

* Other MS-DRGs may apply.

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
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	C	--	NA
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
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	C	--	NA

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator: C – Inpatient Procedure. Not paid under OPPS.

Payment Indicator: 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: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPPS

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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