

THP™ 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-PCS Code and Description			
Reposition			
Ø Medical and Surgical Q Lower Bones S Reposition			
Body Part	Approach	Device	Qualifier
6 Upper Femur, Right 7 Upper Femur, Left	Ø Open	4 Internal Fixation Device	Z 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	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 Q Lower Bones W Revision			
6 Upper Femur, Right 7 Upper Femur, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier
Removal <i>(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)</i>			
Ø Medical and Surgical Q Lower Bones P Removal			
6 Upper Femur, Right 7 Upper Femur, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier

Hospital 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.

*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	J1	5114	NA
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	J1	5114	NA
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	J1	5114	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; 5114 - Level 4 Musculoskeletal Procedures

Status Indicator: J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions; 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 reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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